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ART. I.—*Cases Illustrative of the Treatment, principally with Quinine, of Inflammatory and complicated Febrile Affections*,—being a Supplement to an article, in the July No. for 1844, of the American Journal of Medical Sciences,—"On the Treatment of the Inflammatory Affections of Malarious Districts." By WM. M. BOLING, M.D., of Montgomery, Alabama.

CASE I.—*Pleuro-pneumonia of the right side,—commencing convalescence—relapse—Pneumonia of left lung.* R. Hines, farmer, about 23 years old, of rather a large frame, but pale, exsanguine, and cachectic appearance, had a 'bad cold,' and slight pain in right side for several days previous to morning of February 1st, 1844, at which time he had some chilly

sensations, followed by high fever, violent cough, and acute pain under left clavicle, and over the lower part of right lung. On morning of 3d, before day, he had a decided chill, followed by an exacerbation of fever, and an increase in the pain and cough. Now, (4 o'clock P.M., 3d), pulse 124, moderately full; respiration 40; pain and cough as before stated; expectoration viscid, tenacious, yellowish but transparent, and streaked with blood; tongue moist and of a dirty yellowish color; bowels costive; great thirst; complains of a "sickening flattening feeling" just above epigastric region; considerable enlargement of spleen, of long standing. Over lower part of right lung, there is dullness on percussion, and bronchial respiration, together with a coarse crepitus along the upper margin of dull portion. Here also at one spot is heard a single loud sonorous râle. When lying on left side, at or near the middle of dull part, over a small space, is heard a slight friction murmur; respiration feeble in left, and upper part of right lung. He has just taken a dose of castor oil. ℞ Hydrarg. subm. grs. x., pulv. opii gr. i., pulv. ipecac. ½gr. Mix—to be taken at night after the operation of the castor oil.

4th. Pulse the same; respirtion 44; skin slightly moist and less hot; dilatation of pupils at each inspiratory effort; tongue same; pain in side more severe; dullness has advanced upwards a little; expectoration considerable, and so intimately mixed with blood as to be of a uniformly red color; no crepitating râle; has had three evacuations from bowels. ℞. Quin. sulph. grs.xxx., antim. tart. gr.i, ext. taraxaci, grs.viii., M. fiant. pil. viii. To take one of them every second hour, but two at first dose; epispastic to right side.

Evening.—Pulse and respiration the same; has had several thin evacutions, and has vomited, principally bile, three times; has taken four pills only. Omit them, and take two of the following immediately, and one every second hour. ℞. Quin. sulph. grs. xxiv., extract taraxaci grs. vi. M. fiant pil. vi.

5th. Pulse 70; respiration 24; coughs a good deal but expectorates no blood; several operations; tongue same as be-

fore, but red at edges. To resume the pills which were omitted yesterday—one every third hour. *Evening*, same. ℞. Quin. sulph. grs.vi., antim. tart. gr. ¼th, every fourth hour.

6th. He did not take the pills as directed last night. Pulse 92; respiration 52; pain in side much worse; tongue more coated. ℞. Quin. sulph. grs.xxiv., extract taraxaci grs.viii., antim. tart. gr.i. M. fiant pil. viii.; two of them to be taken every third hour.

Evening.—Has only taken, through mistake, half the number of pills directed this morning. Pulse 100; respiration 56; face flushed; has been bleeding at the nose; is again expectorating blood; complains of soreness about upper part of larynx, and pain and difficulty in deglutition. His blister prevents the application of the stethescope. Continue pills as directed this morning. Liniment ammonial to neck.

7th. About midnight I was called to see him on account strangury, and violent pain just at the orifice of the urethra; a frequent desire to urinate, and spasmodic contraction of urethra about the middle of the canal, which prevented its emission. ℞. Morph. sulph. gr.½d, immediately; warm bath; poultice to blister; continue pills.

This morning, pulse 90; respiration 30; strangury, &c., relieved; has vomited several times, and had two bilious evacuations; continue the pills.

Evening.—Pulse 88; respiration 32; expectoration still bloody; has vomited twice, and had three bilious evacuations. Continue the pills—two every fourth hour.

8th. Passed a better night; is sitting up by the fire, and insists on being allowed to continue doing so; says he is well, and objects to taking any more medicine; says he is hungry, though he has just swallowed a large bowl of soup.

Evening.—Has sat up nearly all the time to-day, till 4 o'clock this afternoon, when he had a rigor, followed by fever, increased cough, and severe pain in *left* side; pulse 102; respiration 40; expectorates with difficulty a considerable quantity of a yellowish semi-opaque matter, at times mixed with blood; strangury has returned; has vomited twice, and had

three thin evacuations; tongue rather dry, more coated, and redder at edges. Repeat pills, two every third hour. Tr. opii gtt. xxv., immediately; apply cataplasms to blistered surface.

9th. Has had three thin dark evacuations; complains much of nausea and debility; pulse and respiration the same; dullness on percussion and bronchial respiration, with here and there a coarse loud sonorous râle from left nipple down; sounds healthy on right side, with the exception of a scattered sonorous râle, which is temporarily absent after each spell of coughing; skin hot and dry. ℞. Quin. sulph. grs.xxiv., ant. tart. gr.i., pulv. opii gr.i., massa hydrarg. grs.viii. M. fiat mass. in pil. viii. dividend; two of them to be taken every third hour.

Evening.—Is much the same; lost nearly all the pills, and consequently has not taken them as ordered; has had one thin dark evacuation. ℞. Quin. sulph. grs.xxxvi., antim. tart. gr.ss. pulv. opii gr.i., massa hydrarg. grs.xii. M. fiant. pil. xii.; three of them to be taken every third hour.

10th. Pulse 98; respiration 32; three evacuations from bowels; same stethescopic signs; continue pills; blisters to left side. *Evening.*—Same; two thin evacuations; continue same.

11th. Rested well all night; blister has drawn well; tongue more moist; pulse 82; respiration 28; continue same. *Evening.*—Pulse 78; respiration 26; three thin yellow evacuations, mixed with a little bloody mucus; no morbid sound in chest discoverable so far as the blister on left side will permit of an examinatton; continue same, substituting ext. taraxaci for the blue mass in the pills.

12th. Continues to improve; pulse 74; respiration 24; gums swollen; three evacuations; cough abated considerably; enlargement of spleen has almost entirely disappeared.

13th. Is still improving; has considerable appetite; no cough; no pain in side; continue pills at longer intervals. From this time he improved without interruption, his last blister alone causing some trouble, in consequence of its becoming inflamed from the application of poultices of elm bark,

powdered, of a bad quality. This was speedily relieved by substituting poultices of bread and milk.

Although his fever, in all probability, if allowed to proceed unmodified by treatment, would have been of a well-marked tertian type, as indicated by the rigors on mornings of first and third; yet on the morning of the fifth, the time when the third exacerbation should have occurred, he was in altogether an improving condition. This was owing to his having, during the previous afternoon and night, been brought fully under the influence of quinine. On the night of the fifth, the pills were not taken regularly, and consequently we find an aggravation of all the symptoms on the morning of the 6th, and on evening of 6th still no improvement, and to account for it we find the same omission. Continuing now to take the pills regularly, on the morning of 7th notwithstanding the occurrence of a most distressing strangury, we find some improvement, and on the evening of the same day a very decided amendment. After the relapse, under the use of the same prescription continued regularly, with the exception of the omission caused by the loss of part of the pills, no improvement had taken place by evening of 9th. The quantity of quinine being now increased from 6 grains every third hour, to 9 grains every third hour, on morning of the 10th we find some amendment, and on morning of the 11th a very decided improvement in his condition. This is a fact which I have frequently observed in the administration of quinine for the cure of inflammatory affections. You administer it in moderately full doses, the patient improves for a day or two under the continued use of the same quantity, then comes to a stand, continues the same for several days, till somesomething like a favorable crisis occurs, and he gets well; or probably after having remained at a stand for several days he begins to retrograde, and the termination may, or may not be fatal, according to the course pursued at this juncture. But at the time he ceases to improve, an augmentation of the dose hardly ever fails again to bring the patient

into an improving condition. Relapses during convalescence from the inflammatory affections of the chest are not uncommon here, upon the least exposure or imprudence, and occasionally without either. Generally, however, the stomach and bowels are the organs secondarily affected, and this is more especially the case, after the free use of antimonials and mercurials combined. His cachectic and exsanguine appearance deterred me from the use of the lancet in his case.

Case II.—*Pneumonia.* March 29th, 1844. —— Edwards, a negro man, 45 years old, felt unwell, and had some pain in right side and shoulder, on the 24th and 25th, but not sufficient to prevent his continuing at his work in the field. On the night of the 25th he had a severe chill, followed by cough, high fever, and an aggravation of the pain in his side, which continued without abatement till morning of 28th, at which time he had some chilly sensations, and again an aggravation of all his previous symptoms. Now (10 o'clock A.M., March 29th,) pulse 120, moderately full but not hard; respiration 30; severe pain in right side and shoulder, much increased by a full inspiration; constant cough, attended with a scanty viscid white expectoration; a rough, harsh tubal sound is heard over a small space below right clavicle. With this exception there is no sound heard over right lung, synchronous with the respiratory movements, but a very faint, irregular sound, somewhat resembling that heard on the application of a sea-shell to the ear, is heard over nearly the whole lung; the rising and falling of the sound not at all corresponding to the motions of inspiration or expiration. The whole of the right side is resonant on percussion; puerile respiration in left lung; bowels costive; tongue rather dry. ℞. Hydr. subm. grs.x., pulv. ipecac. gr. ss., immediately, and ʒi. of the following mixture every second hour: ℞. Antim. tart. grs.iv., aquæ puræ ℥ij., M. Evening—Pulse 120; respiration 24; three evacuations; omit antimonials. To take tr. opii. gtt. xx., quin. sulph. grs.viii., immediately, and of the latter alone 8 grains every third hour.

30th. Pulse 100; respiration 32; complains of a very sharp and severe pain just below right axilla, and of feeling unpleasantly cool. Omit quinine, and resume antimonial, ʒj., every second hour. Evening.—Pulse 136, small and weak; respiration 56; has had four dark thin evacuations; complete dullness on percussion, from two and a half inches below right clavicle downwards; bronchial respiration, more distinct over upper three inches of dull part; just under clavicle, a very harsh puerile respiration, and the same in left lung; change of position produces no change in the extent or location of the dullness; tongue parched. ℞. Quin. sulph. ʒiiss. div. in parts V. equal; one to be taken every third hour. Tr. opii gtt. xxv., immediately.

31st. Pulse 110, weak; respiration 40; other symptoms slightly improved; continue the quinine. Evening.—Pulse 101; respiration 36; tongue slightly moist; one evacuation; continue the quinine, grs. viii. every third hour, in ʒj. of infusion of serpentaria. Tr. opii gtt. xxv., immediately.

April 1st. Pulse 80; respiration 22; tongue rather dry on dorsum, but moist at edges; continue same; blister to side. Evening.—Pulse 70; respiration 22; tongue a little more dry; through mistake the blister was applied by the nurse to the wrong side; continue same; blister to right side.

2d. Pulse 64, moderately full and soft; respiration 22; sounds on percussion and auscultation the same, with the exception of a crepitant râle heard along the line of junction between the dull and resonant part; continue same, every fourth hour. Evening.—Pulse 66; respiration 22; continue same.

3d. Pulse 64; respiration 20; dullness does not extend quite so high up; continue same. Evening.—Tongue quite moist; dullness reaches less high; otherwise he is the same; continue the same.

4th. Pulse 57; respiration 20; a loud coarse mucous râle in upper part of right lung, removable temporarily by expectoration; dullness less extensive; continue same.

5th. Pulse 60; respiration 18; dullness still less extensive;

cough very much abated; tongue moist and clean; a tolerably craving appetite; continue the same; allow a little chicken soup.

6th. Pulse 54; respiration 20; scarcely any dullness; continue quinine grs. viii., every sixth hour.

The quinine was continued till the 10th. He seemed then entirely well, and it was omitted; but on the 11th a renewal of the febrile symptoms occurring it was resumed in doses of .5 grains three times a day, which was found sufficient to control the pulse. On the 15th he was going about.

A phenomenon occurred in this case which I do not recollect to have seen noticed by any author on diseases of the lungs, though it is not of unfrequent occurrence in this climate—I allude to the resonance of the chest, with the absence of the respiratory murmur or crepitating râle, preceding a rapid hepatization of the lung. The faint sound which replaced the respiratory murmur, created the idea of its production by an irregular, but very gentle undulatory motion of the residuary air alone; and this, together with the resonance of the chest on percussion, as being produced, in the first case in which I observed it, by a complete mechanical obstruction of the bronchus leading to the affected lung. The subsequent progress of the case, and my experience in others, created this impression.

Certainly in the above case the action of respiration was not attended by the entrance of air in sufficient quantity to the right lung, to produce the ordinary sounds of respiration, though at the same time percussion gave no evidence of an impermeable state of the organ. It is not unreasonable to suppose that the pain in the right side produced an inactive state of the muscles of respiration, but I observed no difference in the motion of the two sides. A kind of paralysis, or complete suspension of the function of the part seems to have existed without any appreciable physical cause in the organ itself. Are the air cells themselves and the smaller bronchial tubes so passive in the performance of the act of respiration as some pathologists suppose? I have thought

that this was the first stage of pneumonia of Dr. Stokes, but it does not accord with his supposition, that that stage is indicated by "an intense puerility of respiration in the affected parts." Indeed I may say, that in this country, in at least one-half of the cases of pneumonia, a pure crepitating râle is never heard by the physician, to precede the occurrence of hepatization. This may be partly attributable to the rapid progress of the disease, and the consequent shortness of the second stage (of Stokes) of which this râle is indicative, thus allowing the physician less chance to discover it. This, however, is not the only cause, for in some cases marked by this absence of the respiratory murmur, in the whole or part of a lung, together with resonance on percussion, I have noted the gradual progress of hepatization almost hourly, without ever discovering a crepitating râle. This is not the case, however, with the decline of the solidification. for this is generally followed, as it descends, by a coarse crepitous or fine mucous râle. This form of pneumonia is I think less controlable with quinine, or indeed by any method of treatment than that which answers to the ordinary description of the disease. This is precisely the case when the hepatization, preceded by the absence of the respiratory murmur, or crepitating râle, commences in the upper part of a lung. Under such circumstances, though I have seen some three or four cases, and one of them at least in a robust and previously healthy young man, I have never known, so far as I can now recollect, a case of recovery.

If in this form of pneumonia, in which sudden hepatization takes place, not preceded by the usual signs, supposing the opinion of Dr. Stokes and others to be correct, that it is indicative of a broken down constitution or typhoid state of the system—quinine were found peculiarly applicable, it might favor the old (shall I say passing into the obselete?) opinion of its stimulant action. This, however, is not the case, at least in this climate; for while its curative agency is promptly manifested in those cases in which the ordinary routine of symptoms is observable, it is a much less efficient

remedy in the other form. This insufficiency however it only partakes with the other most approved remedies for pneumonia; for whatever may be the case elsewhere, this rapid solidification, and especially when preceded by the absence of the respiratory murmur, with a resonant state of the chest —or of the crepitating râle—is as often indicative of a rapidly progressing, but highly inflammatory state, as of a different condition. It may be said that these latter remarks do not strengthen my views of the modus operandi of the remedy; be it so; they are nevertheless true, and do not militate against them.

Case III. March 30th, 1844. Diana, my own cook, a stout, healthy negro woman, about 25 years old, and six months pregnant, came to me this evening, complaining of a severe pain in right side, which she says she has had for about 48 hours. On examining I found her with considerable fever; pulse 120; some cough; constipation of bowels; tongue rather dry, and covered with a white fur, through which are apparent large and lividly red papillas. I sent her to bed and ordered a dose of castor oil.

31st. Pulse 110, small and corded; extremities rather cool; body hot; had some chilly sensations early last night; one evacution; cough almost incessant during the whole night; expectoration tenacious, clear and frothy, sometimes yellowish but transparent, and sometimes intimately mixed with blood; pain of a 'sharp teazing' character, and so severe that she can scarce refrain from crying aloud; lies on affected side nearly all the time, the pain being more severe when she lies in any other position; respiration 30; crepitous râle, at one spot marked by a friction sound, over lower two-thirds of right lung. ℞. Hydrarg. subm. grs. xx., pulv. opii., pulv. ipecac. aa. gr. i. M. to be taken immediately. Sinapisms to extremities. In an hour I bled her to 16 ℥, after which her pulse increased in frequency to 120, but without losing any of its force; blood thickly buffed. Ol. ricini ℥iss., immediately. Noon.—Has expectorated during the last two hours, more than a pint of tenacious mucus, so intimately mixed

with florid blood, as to give it a uniform rich pink color; cough incessant, every other or every third effort being followed by the expectoration of a large mass of the above described mucus; seems drowsy, but can't sleep on account of the cough. ℞. Antim. tart. grs. iv., morph. sulph. gr. i., mucilag. acac. ℥viii. M. ℥i. to be taken every third hour. V.S. to 6 ounces; blood very much buffed. Evening.—One very large evecuation; cough and expectoration slightly diminished; pulse 126. 8 o'clock.—Pulse 128; respiration 32; expectoration diminished; pain very severe; one large thin yellow evacuation; no resonance. ℞. Pulv. opii grs. ii., antim. tart. gr. ss., quin. sulph. grs. xii. M. To be taken immediately; continue antimonial mixture ℥i. every 4th hour, and between each dose 8grs. of quinine.

April 1st. Pulse 108, fuller and softer; respiration 24; can for the first time lie on left side; tongue still rather dry; vomited several times during the night; thirst considerable; pain diminished; râle less extensive; continue same. Evening.—Pulse 114; respiration 28; says she is much better, and has just drank, with relish, a cup of tea; complains of roaring in the ears and deafness; tongue less dry; skin nearly natural; omit quinine; continue antimonial mixture, ℥i. every 4th hour.

2d. Pulse 105; respiration 24; tongue same; continue mixture. Evening.—Pulse same; respiration 26; no resonance or vomiting; no appetite; thinks she feels worse; continue the mixture.

3d. Pulse 120; respiration 24; cough and pain in side much increased; expectoration viscid, but bloody; tongue moist, brown on dorsum and red at edges, continue mixture. Evening.—Pulse and respiration the same, pain in side still worse. ℞. mass. hydrarg. grs. xxiv., antim. tart. grs. ii., digitalis grs. iii. M.; fiant. pil. vi., one of them to be taken every third hour.

4th. Pulse, respiration, &c., the same. ℞. Mass. hyd. grs. xxxii., digitalis grs. viii., antim. tart. grs. ii. M.; fiant pil. viii., one to be taken every third hour. Noon.—Pulse

and respiration the same; cough and pain much worse; v. s. to ℥xii.; blood very much buffed; continue pills. Evening. Pulse 122; respiration 30; cough and pain still increase; crepitous râle over a considerable portion of the right lung; continue the pills, one every 6th hour, and with each grs. viii. of quinine.

5th. Has taken two portions of quinine; cough and pain in side the same; four consistent evacuations; pulse 120. ℞ Quin. sulph. grs. xxxii., mass. hydrarg. grs. viii., antim. tart. gr. i. M.; fiant. pil. viii., two of them to be taken every 3d hour. Tr. opii gtt. xxv., immediately. Noon.—Has vomited several times, and had two small evacuations; is quite restless; tongue becoming redder at edges, dark on dorsum, and more dry and pointed; pulse 120, and soft; heart throbs violently. To be cupped to ℥vi. from chest; mucilaginous drinks; continue pills. Evening.—Is quite deaf; two evacuations; pulse 108; respiration 24; less pain; cough diminished. ℞. Quin. sulph. grs. xxxii., antim. tart., pulv. opii. aa gr.i. mass. hydrarg. grs. xii. M., fiant. pil. viii., two of them to be taken every third hour.

6th. Vomited several times during night; cough and pain a good deal relieved; tongue same; some florid blood expectorated last night; deafness and roaring in ears; pulse 80; respiration 18. ℞. Quin. sulph. grs. xxiv., mass. hydrarg. grs. viii. M., fiant. pil. viii., two of them to be taken every third hour. Evening.—Pulse 100; respiration 20; has had four evacuations, attended with considerable griping. To have at bed-time 8 grains of quinine, and gr.¼ of morphine; and early in the morning 12 grains of quinine.

7th. Pulse 100; one evacuation; cough and pain much relieved; feels, she says, much better; has some appetite. To have 12 grains of quinine three times a day.

8th. Pulse 80, and in all other respects she is much improved. Continue same.

On the 10th she was able to sit up, under a continuance of the same treatment.

On the 12th, in consequence of indulging in some improper article of diet, she had a slight relapse, attended with diarrhœa and griping pains in abdomen, and a slight renewal of pain in side and cough. For the diarrhœa she took some small doses of blue mass and opium. For a slight cough, which continued to the 20th, attended at times with pain in side, she used an anodyne cough mixture, and applied tartar emetic ointment freely; while her diet was more carefully attended to.

Case. IV.—*Pneumonia.* W—— M——, a little boy, four and a half years old, was attacked, on 23d of March, 1844, with scarlatina, with which he was so slightly affected, as not to be compelled to keep his bed an entire day. About the 6th of April he became anasarcous over the whole body, and on the night of the 11th was taken with high fever, pain in chest and violent cough, which continued unabated till night of 12th, at which time I saw him, and found him with a hot and dry skin; pulse 150, hard and moderately full; respiration 72; the completion of each inspiratory effort attended with an expression of pain; tongue moist and white; thirst excessive; nausea and vomiting; expectoration scant and bloody; his restlessness and the constancy of his cough prevents anything like a stethoscopic examination. His father (a physician) has just administered grs. x. of calomel, which he immediately rejected. ℞. Hydrarg. subm. grs. vi., div. in chart. iii., one every second hour, each one, if nausea continues, to be preceded by the application of a sinapism to epigastrium and lower part of chest, for a few minutes; v. s. to ℥vi.

13th. Pulse same; respiration 50; one evacuation. ℞. Quin. sulph. grs. xv., div. in chart. v., one of them to be taken every third hour. Evening.—Pulse 130; respiration 40; continue quinine every fourth hour, and ℞ magnes. sulph. ℥i, magnes. calc. ℈i. M., to be taken immediately.

14th. Pulse 110; respiration 30; seems quite cheerful, with scarcely any cough or preternatural heat of skin; omit

medicines. Evening.—Several evacuations; pulse 130; respiration 40; cough and pain increased. Resume quinine grs. iii., every third hour.

16th. Pulse 120; respiration 30, regular and easy; skin moist; continue same.

16th. Pulse 100; skin cool and moist; respiration natural; tongue moist and clean; no thirst. Under a continuance of the quinine at gradually increased intervals for 24 hours longer, he continued to improve, and was discharged well in a short time.

Case V.—*Pneumonia.* March 6th, 1844, 5 o'clock, P.M., Ashley, a stout negro man, 35 years old, has been recently exposed in some inclement weather, and in his occupation as 'ginner' for his master's plantation during the fall and winter, to the inhalation of the dust from the cotton while ginning; from which latter cause he has had a dry troublesome cough for several months.

On night of the 4th, he had a rigor, and another on morning of 5th, since which he has had considerable fever, pain in head, for which his neck has been blistered, severe and deep-seated pain in right side, and an aggravation of his cough. His bowels have been rather loose for several days, and have been still further disturbed by a large dose of oil administered this morning, which has operated profusely, producing thin, grass-green evacuations, attended with griping pains, and mixed with some bloody mucus; abdomen tender; tongue broad and moist; nausea; pulse 96 and small; respiration 32; dullness on percussion in right side posteriorly from seventh rib down, and in places a scattered dry sonorous râle on a full inspiration; expectoration very tenacious, white and frothy; spleen enlarged. ℞. Hydrarg. subm. grs. xii., pulv. opii grs. iss. M. and div. in chart. iii., one every fourth hour; sinapisms to be followed by cataplasms to side and abdomen; mucilaginous drinks.

7th. One evacution; cough and pain in side increased, an obscure crepitating râle a short distance above seventh rib on right side; pulse and respiration the same; dilatation of alæ

nasi at each inspiration. ℞. Quin. sulph. ℈iiss. div. in part v. equal, one to be taken every fourth hour, and in each interval an eighth of a grain of tartar emetic. Evening.—Pulse 74; respiration 28; has vomited once, and had two evacutions; tongue dry, and covered with a white fur. ℞. Hydrarg. sub. grs. v., pulv. opii grs. iss. M., to be taken immediately; continue quinine grs viii. every third hour; omit tartar emetic: continue cataplasms.

8th. Pulse 76; respirations 30; no dullness; no sonorous, but still a deep-seated and very obscure crepitating râle; pain continues, but says generally he feels much better. Continue quinine every fourth hour; blister to side.

9th. Pulse 74; respirations 30; blister has drawn well; cough diminished; no appetite; complains much of roaring in head, deafness, and an increase of the pain in head; several operations; continue quinine in but half the quantity. Tr. opii gtt. xxv. at bed-time.

10th. Pulse 80; respirations 32; pain in side increased; tongue very much furred and red at edges; teeth dry; expectoration yellowish and in large round masses; head better; resume quinine grs. viii. every fourth hour.

11th. Pulse 60; respirations 30; one evacuation; cough and pain in side diminished; expectoration free; some appetite; continue quinine.

12th. Pulse 62, and soft; respirations 28; tongue still furred and red at edges; over a space twice as large as a dollar, near inferior angle of scapula, there is a dullness on percussion, and bronchial respiration, though both *below* and above, the sounds are healthy; has had one evacuation; some appetite. ℞. Quin. sulph. ℈iiss., ext. taraxaci ℥xii. M. fiant. pil. xii., two of them to be taken every sixth hour; repeat blister to side.

13th. Pulse 54; respirations 24; less dullness; continue quinine at gradually lengthened intervals. In 24 hours all treatment was suspended with the exception of tartar emetic ointment to side. This was continued eight or ten days, as during that time he continued to have a slight cough.

In the last four cases, as in the first, it will be observed, that at some period of the disease, before the establishment of perfect convalescence, in each case, the omission, or diminution of the quantity of quinine was followed by an aggravation of the existing symptoms, and that in each in a reasonable time, the patient was again brought into an improved condidition, by its resumption, or by an increase in the quantity.

Case VI.—*Pneumonia, &c.* September 16th, 1844, ——, a bachelor, 45 years old, of rather intemperate habits, after having had a 'bad cold and feeling feverish' for several days, was taken on afternoon of 15th with a rigor, followed by high fever, cough, and difficult respiration, but with no well defined pain in chest. He thinks his fever abated a little about midnight, but rose again about 10 o'clock this morning. Now (8 o'clock, P.M., 16th,) pulse 135, soft; respirations 44; effected principally by abdominal muscles, and diaphragm; the chest, more especially on right side, remaining almost entirely motionless; slight dullness on percusson over whole of right lung, sonorous râle at distant points heard in both lungs; puerile respiration on left side; a coarse deep crepitus is heard at some points over upper portion of right lung; tongue broad, with a dry streak in the centre; nausea and vomiting; bowels costive. He is at times slightly delirious. ℞. Quin. sulph. grs. xxxii., extract taraxaci grs. viii. M. fiant. pil. viii., to be commenced with at 10 o'clock to night, and two of them to be given every fourth hour; calomel grs. xv. immediately; sinapisms to chest and epigastrium, to be followed by a poultice.

17th. Had three consistent evacuations. A meddlesome fellow interfered with the administration of the medicine, and but two doses of quinine have been taken. Pulse 100; respiration 30; dullness scarcely if at all apparent; a coarse crepitus at points over the whole of right lung, and also a very *bass* sonorous râle during expiration; skin moist; tongue less dry on dorsum; scarcely any delirium. To have grs. xii of quinine immediately, and grs. viii. in four hours, after that

grs. iv. every third hour. In case the nausea and vomiting return, morph. sulph. gr½d.

18th. Pulse 86; respiration 24; skin cool and moist; has not taken the medicine regularly, but in all, in last 48 hours, has taken about 36 grains; respiration still puerile in left lung; crepitous râle continues in right; complains of deafness and roaring in ears; took one portion of morphine. ℞. Quinine sulph. ʒiiss., extract taraxaci grs. xii. M. fiant pil. xii., two of them to be taken every third hour till three doses are taken; after that, one every third hour.

19th. Still improving; has some appetite. His recovery was rapid. I visited him no more.

It will be observed that all the cases of pneumonia here detailed were of the right lung, inflammation occurring in only one instance in the left, and that being a secondary attack. They all occurred near the same time, and during this period among many other cases of pneumonia besides the above, and other inflammatory affections of the thoracic viscera, I met with but one or two in which the left side of the chest was the one principally affected. The course of this epidemic tendency to inflammation of the contents of the right, in preference to those of the left side thorax, I will not attempt to explain. There is certainly something curious in it, and worthy of further observation.

Case VII.—*Scarlatina Anginosa—Laryngitis.* March 26, 1844. F. Henson, a mulatto girl, 18 years old, has been fatigued a good deal of late sitting up with a sister and child, both of whom died within a short period of each other of scarlatina maligna. On night of 18th, she felt a little unwell, and had some headache, and on the 19th she had fever and sore throat, though she continued to work as usual at the wash-tub all day. This morning early, she thinks she had a chill; pulse 134; throat very sore; tonsils and palate much swollen and vividly red, the latter dry and apparently covered with an eruption; excessive soreness about larynx, and pain on least pressure of thyroid cartilage; can't speak above

a whisper; cough harsh and ringing; no expectoration; no evidence of disease of the lungs or bronchia; tongue dry and clean, with very prominent and red papillæ; bowels costive. R. Hydrarg. subm. grs. xx., pulv. ipecac. grs. ii. M. and div. in chart. iv., one to be taken every second hour. Evening—Pulse 140; two evacuations from bowels; other symptoms the same. R. Hydrarg. subm. grs. v., pulv. ipecac. grs. x., Mix, to be taken immediately. Quinine grs. vi. every second hour from midnight. Tr. Iodine to be painted over larynx externally.

21st. Pulse 130; tongue of a deep purple color, and much swollen; vomited several times during night, and had three large thin evacuations; considerable nausea, and pain in abdomen. R. Quin. sulph. grs. xxxvi., extract taraxaci grs. xii. M., fiant. pil. xii., two to be taken every second hour. Sinapisms to abdomen. Morph. sulph. gr. ½d, immediately. Evening.—Pulse 128; six small thin evacuations; a very slight eruption on breast, scarcely perceptible; other symptoms the same; continue the quinine pills, two every third hour. Tr. opii. gtt. xx. immediately, and ten more after each evacuation; mucilaginous drinks.

22d. Pulse 124; two evacuations; less cough and soreness of fauces and larynx; papillæ on tongue as large as the head of a small pin; eruption not more perfect than yesterday; can speak a little more distinctly; continue the quinine. Evening.—Pulse 120; three evacuations; slight abatement in all the symptoms; continue the quinine.

23d. Pulse 100; tongue moist; two evacuations; has some appetite; an abatement in all the symptoms except hoarsness and pain on pressing larynx. Continue quinine every sixth hour.

24th. Still improving; pulse 90; much less hoarseness; tongue still rather red; omit medicines.

26th. Is up and doing well; cuticle desquamating; the thick skin covering the soles and lateral parts of feet, and under surface of the toes, has peeled off, in one piece from each

foot, leaving the feet so tender that she can scarcely stand on them.

It will be observed that there was a gradual amendment, and abatement in the frequency of the pulse from the commencement of the use of the quinine on 20th till 23d, when a very marked improvement is found to have occurred. It is merely the gradual amendment from 20th to 27th, that I claim for the quinine, and not the sudden improvement which we find on morning of 23d, as in the then prevalent epidemic scarlatina, in almost every case that recovered, a well marked, favorable crisis occurred about the 5th day. The case indeed is introduced, principally on account of the laryngeal complication.

Case VIII.—Laryngitis—Rubeola. June 19, 1844. Blackshire, a mulatto boy, 8 years old, was taken on evening of 16th, with high fever, with very difficult and sonorous respiration, and loud ringing cough. These symptoms continued; a slight abatement taking place between midnight and day, till I saw him. Now (19th, 7 o'clock, A.M.,) pulse 144, and soft; respirations 48, and so laborious that the head is thrown violently backward and forward at each effort; dilatation of alæ nasi; a harsh, grating metallic sound, loud enough to be heard at least thirty yards, apparently produced in rima glottidis, during both inspiration and expiration; cough frequent, and partakes of this same metallic, ringing character. There is upon him a vivid eruption of measles, which appeared on 17th; tongue moist but pointed, white on dorsum and red at edges; skin hot; severe pain on pressing thyroid cartilage; sleeps, or rather lays in a stupor nearly all the time. R. Antim. tart. gr. i., aqua pura ʒi. M., a teaspoonful to be taken every second hour. Evening.—Has vomited once since dark; pulse and respiration the same; continue the antimonial solution every hour. Larynx to be painted externally with tr. iodine. 10 o'clock.—Pulse 150, soft; respiration, &c., the same; has vomited once since dark. R. Quin. sulph. grs. xviii. div. in chart. vi., one to be taken every third hour; omit antimonial.

20th. Pulse 120; breaths a little better skin moist; con-

tinue same. Evening.—Has had one consistent evacuation; pulse 112; respiration 28; sat up awhile, and appeared quite cheerful. R. Quin. sulph. grs. xxiv., hydrarg. subm. grs. viii., M., and divide in chart. viii., one to be taken every fourth hour.

21st. Pulse 100; respiration much improved, but he still seems disposed to sleep a great deal; has passed one evacuation, containing two worms, in his sleep; continue same. Evening.—Pulse 100: he is sitting up, and appears quite cheerful: allow a little chicken soup.

22d. There is still something of a ringing, metallic sound in his cough: pulse 102: eruption fading: asks for something to eat: allow a little chicken soup.

23d. Is still better. In two or three days he was running about. For more than twenty-four hours I carried my instruments, and tracheatory tube in my pocket, under the impression that an operation would be necessary.

Case IX.—Bronchitis—Slight Dysentery. Semptember 3, 1844, 10 clock, A.M. S—— P——, a mulatto girl, 8 years old, had last spring a severe attack of rubeola, followed by cough, which has continued up to the commencement of the present attack. On the morning of August 31st, she had a chill, followed by high fever: severe cough: accelerated respiration, and a feeling of oppression and tightness across the chest. Her fever abated slightly on the morning of September 1st, but before day on morning of 2d, an exacerbation, not preceded by any chilly sensations, occurred. On the 2d, she took five grains of calomel. This was followed by several bloody mucous evacutions, with severe griping pains. This evening again she has taken grs. v. of calomel in combination with a few drops of laudanum. Pulse 128; respirations 28: skin hot and dry; great thirst; tongue dry, and covered with a brown coat, red at edges: great restlessness: expectorates with difficulty some very tenacious white masses of mucus: sonorous and sibilous râle heard, mingled in all parts of chest: abdomen full, and tender on pressure. R. Quin. sulph. grs.

xii., sacch. alba grs. xxiv. M: and div. in chart. vi., one to be taken every second hour.

4th. They tell me that her fever abated a little about midnight, but commenced increasing again about three o'clock this morning: rested badly: pulse 110: respirations 24: continue quinine grs. iii. every second hour. Noon.—Pulse 105; respirations 20; some moisture of skin; tongue still dry on dorsum: stethoscopic signs the same: abdomen tender. R. Quin. sulph. grs. iii., mass hydrarg. gr. i. M: every second hour. Evening.—Pulse 100; respirations 24: râles less sonorous: skin moist: continue same.

5th. Pulse 96: respirations 24: stethoscopic signs the same: was rather restless all night: abdomen full and painful: continue same: lavement of gruel. Evening.—Pulse 96: respiration 20: one dark consistent evacuation: tongue more moist and clean: râles less numerous and less sibilous: skin moist. R. Quin. sulph. grs. iv., mass hydrarg. gr. i. every fourth hour: repeat enema.

6th. Pulse, respiration, and râles, the same: three dark consistent evacuations: a small spot on inside of lip, which has something of the character of a mercurial ulcer, though her gums are not swollen, nor is there any mercurial fetor present: continue the quinine: omit the blue mass. Evening. Pulse 90: respirations 20: râles almost entirely removed: expectoration easy: one evacuation: some appetite: continue quinine.

7th. Pulse 86: respiration easy: scarcely any cough: no râle: tongue clean and moist: continue quinine grs. iv. every sixth hour.

8th. Still doing well: omit medicine. In a few days she was entirely well, and free even of the cough which had troubled her between her convalescence from the measles, and the late attacks.

Case. X.—*Dysentery.—Pleuro-Pneumonia.* May 4, 1844, afternoon: Ashley, a stout negro man, a 'field hand,' was taken on April 28th, with fever, severe pains in abdomen, and frequent bloody mucous discharges. On 29th, he had a chill.

followed by increased fever, pain in right side, and cough: in addition to the previously existing symptoms. On April 1st, and 3d, exacerbations occurred without any chill or chilly sensations. He has taken calomel, laudanum and castor oil, but in what quantities I cannot learn. Skin hot and dry: pulse 100, hard and moderately full: tongue rather dry, rough and white on dorsum, and red at edges: respirations 32: cough frequent and painful: expectoration viscid, of a dirty brown color, with streaks of florid red: griping pains in abdomen and occasional bloody mucous evacuations, but not so frequent as at first: no dullness on percussion, but low down on right side posteriorly, an obscure, apparently deep-seated crepitus is heard: here also, during expiration only, a slight friction sound, partaking a little of the creaking character, is heard. R. Quin. sulph. grs. xxiv., hydrarg. subm. grs. xii., pulv. opii grs. iss. M. and div. in equal parts: one part to be taken every sixth hour; mucilaginous drinks; sinapisms to be followed by a warm cataplasm to abdomen.

5th. Pulse 80, softer; no evacuation; other symptoms continue much the same. R. Quin. sulph. grs. xxxvi., massæ hydrarg. grs. xii., pulv. opii. grs. ii. M., fiant pil. xii., two of them to be taken every third hour. Evening.—Pulse 80: expectoration increased in quantity, and of a brighter red, and very tenacious: cough and auscultatory signs the same: tongue more moist: perspiring some about head and face: one large evacuation, containing some bloody mucus; abdomen tender, but soft: continue the pills, two every sixth hour.

6th. Cough abated, and quantity of expectoration diminished: one dark and consistent evacuation: skin cool and moist: tongue moist: pulse 64: respirations 32: râle heard over a very small space: friction sound continues: seems very languid, and scarcely speaks above a whisper: has been retching a good deal: continue same: chicken soup. Evening.—Pulse 86: respirations 36: retching continues. R. quin. sulph. grs. xxxvi., mass. hydrarg. grs. xii., pulv. opii. gr. i. M. and div. in part iv., equal, one part to be taken every

sixth hour: morph. sulph. grain ¼d, immediately: reapply sinapisms.

7th. Pulse 60: respirations 28: no crepitus: no pain, and scarcely any cough: two small evacuations. R. Quin. sulph. grs. xxxvi., pulv. opii grs. iss., mucilage acac. q. s. ut fiant mass. in pil. xii., div., two of them every fourth hour. Evening.—Same: continue pills, two every sixth hour.

8th. Pulse 50: respiration 28: one dark consistent evacuation: complains now of very little pain in side: gums slightly swollen: continue same. Evening.—Same; continue the same.

9th. Considerable appetite: no pain in the side: in other respects the same; continue the quinine grs. iv. every eighth hour.

10th. Omit medicines. In this case is very strongly marked, the controling influence of the quinine over the pulse, while the condition of the respiratory organs still remained such as to keep up an accelerated respiration.

In inflammatory affections of the chest in almost every case in which the patient is brought fully under the influence of the quinine, this want of accordance between the motions of respiration and the actions of the heart, may to a greater or less extent be observed. Instead of four contractions of the heart, to every respiration, which is considered about the normal proportion, in the above case, there were, during part of the time less than two pulsations to each respiratory act, and I have occasionally seen the proportion still smaller—say one and a half to one. An increased frequency of respiration, on the administration of the remedy, however, be it observed, has no agency in producing this discrepancy, it being entirely brought about by the diminished frequency of the pulse, the respirations gradually coming down to the healthy standard, during the subsidence of inflammatory action, while the pulse, to produce this subsidence, is frequently reduced much below the healthy standard. Can anything more strong, in proof of the effect of any medicinal agent, be adduced, than this of the sedative action of quinine, that

while the inflamed state of the respiratory organs is such as to keep up, and their functional embarrassment such as to require, a much accelerated action on their part, the motions of the heart may be reduced from that increased frequency, necessary to keep up the usual accordance between these two functions, to a point far even below the healthy standard! The action of the heart and arteries once brought under the influence of the remedy, and kept so for the necessary length of time, how certainly follows an abatement in the physical signs of inflammation, together with a gradual diminution in the frequency of the respirations.

The following case is one in which a fatal result followed the administration of quinine, in consequence of the remedy having been pushed too far. Let me not be understood to mean that this is the only case in which I have seen death follow its administration—on the contrary, it is like all other remedies, liable to be misapplied or to be administered in necessarily fatal cases, and like them, consequently liable to fail in producing a favorable result. The following is one of a few cases which I have seen, in which it appears to have been not the mere negative agent, failing to cure, but the active agent, in the production of a fatal termination.

Case XI.—*Bronchitis—sequel to Scarlatina.* April 9, 1843. ———, a little boy, three years old, had an attack of scarlatina anginosa, sufficiently severe and protracted to require close attention from 20th to 29th of March, at which time he was discharged. His convalescence, however, was slow, imperfect and irregular in its progress, having occasionally slight cough, variable and capricious appetite, and a feverish state of the system sometimes at night; the cuticle desquamated slowly. Up to the time of the attack of bronchitis he had not recovered his strength sufficiently to walk alone. On evening of 8th, without exposure or any assignable cause, he was taken with violent cough, soreness across the chest, and high fever. This morning, they tell me that his fever has somewhat abated. Now, pulse 124, full and soft; impulse of heart strong, and I think felt over a larger surface than

natural; respirations 68; tongue clean, moist and smooth, but not red: bowels regular; face bloated; no dullness on percussion; sonorous râle in every part of the chest, and low down posteriorly, in addition to a fine sibilous râle; cough, a single effort about every third or fourth act of respiration, and apparently suppressed in consequence of pain; urine *not* albuminous. R. Quin. sulph. grs.ii., pulv. ipecac. gr.ss., every third hour. Evening.—Has retained but one of the powders; he is about the same; continue the quinine, and should his fever increase, the ipecac. also.

10th. Has retained two powders, and perspired a little about the head; pulse 128; respirations 56; râles the same; continue quinine grs.ii., and ipecac. gr.¼th, every third hour. Evening.—Medicine has not been well retained; continue same, and give immediately grs.v. of hydrarg. cum creta.

11th. A greater part of medicine has been rejected; pulse 130; respirations 64; tongue moist; râles increased. R. Quin. sulph. grs.xvi., antim. tart. gr.ss., sacch. alba grs.xxiv. M. and div. in chart. viii., one every second hour, preceded each time by the application of a sinapism to epigastrium for a few minutes. Evening.—Pulse and respiration a little less frequent; râles less numerous; continue the same.

12th. Pulse 116, small and weak: respirations 50: no râle: cough very much abated: skin moderately cool: two small bilious evacuations, containing some white curdy looking masses, in consequence probably of the imperfect digestion of a small quantity of milk that he drank during the night. My little patient was a very interesting child, and I had felt an unusual degree of anxiety about his case—now, however, I loooked upon him as in a fair way of recovery. I was disappointed. Continue the powders, one every third hour: allow a little chicken water.

At my morning visit, I intended calling on him again at noon, but circumstances prevented my doing so; when I saw him again at 6 o'clock in the evening, he was dying. The whole surface of his body was cold and moist: he was en-

tirely pulseless, but perfectly rational, speaking to the last sensibly and distinctly: his features were but very slightly sunken, and gave indications not at all commensurate with the gravity of his situation, and of no physical suffering or pain. Indeed his parents, the most watchful and affectionate, did not perceive any alteration in his situation, and were shocked and surprised beyond measure, hardly crediting my assertion when I spoke of his danger. His hearing was not affected. I gave him a little paregoric and aromatic spirits of ammonia, which I happened to have in my pocket, and had his extremities enveloped in mustard plasters. The plasters were on but a few minutes before he complained of their burning him. I turned from the bed to get the glass containing the stimulant, not having been absent more than three or four seconds—when I returned he was dead: certainly not more than five seconds before death he spoke distinctly and rationally.

Undoubtedly his death—can there be a question of it—was produced by the depressing or sedative action of the quinine. The quantity prescribed in the morning, was not greater than I have frequently administered to younger children. But he had been debilitated by a violent and tedious attack of scarlatina and consequently was less able to bear up against the effects of any depressing agent. The tartar emetic no doubt assisted the depressing action of the quinine. In this case the patient's disease seems to have been brought under control, but the remedy being pushed beyond the proper point, an exaggeration of that peculiar influence by which it proves curative, caused the death of the patient. It is not often that the force and fullness of the pulse is gradually reduced by quinine, as it was in this case, without a much greater proportionate diminution in its frequency.

On enquiry, I found that my morning directions had been misunderstood, and that instead of every third, the powders had been given every second hour. In addition to this, in two instances during the day, the last just before my last visit, a small portion of the powders having been wasted in

their administration, the loss was compensated, by giving soon after each, another full dose.

At my morning visit, there was every indication that his disease was pretty well controlled, and his system well under the influence of the remedy. To keep up this influence, a smaller quantity was required and prescribed, and but for the mistake, I have little doubt that his recovery would have been progressive from that time. Had my directions not been misunderstood, from 8 o'clock in the morning, till 6 o'clock in the afternoon, he would probably have taken in all not more than 8 grains, and this is as much as his system would have borne. As it was, however, supposing half of two of the powders to have been lost, he must have taken about 12 or 14 grains, and with it about ¼th of a grain of tartar emetic. Still I have no idea that this quantity would have been injurious in an inflammatory attack, in one of his age, previously in good health.

Case XII.—*Tertian Remittent Fevers.—Enteritis.* October 15th, 1843, 8 o'clock, P.M., E—— R——, a little girl four years old, was taken on the 7th with, from what I could gather, a tolerably severe attack of tertian remittent fever, the remission however being very imperfect. A neighboring physician saw her only in the attack, but being himself taken sick, she was treated actively with purgatives, of which it took large quantities to produce the desired effect, by her parents, who resided some ten or twelve miles from town. Her operations are described as being sometimes fæcal, occasionally bilious, but oftener of late, mostly a reddish serum. By a close investigation, I find that she had a remission both on 12th and 14th, in the afternoon. Now, pulse 136, hard and small: skin hot and dry: feet rather cool, abdomen intensely hot. tender and swollen: is much disposed to sleep, and moans and mutters, and catches with her hands outstretched at imaginary objects, while asleep: tongue a little moist, but very smooth and red: great thirst: slight nausea: no evacuation for last twenty-four hours. R. Quin. sulph. grs.xii., hydrarg. subm. grs.iii., sacch. alba grs.xxiv. M. and divide in

chart. vi., one of them to be taken every second hour; mild enema: warm pediluvia: cataplasm to abdomen: mucilaginous drinks.

16th. Pulse 126, softer: skin moist: two consistent evacuations: continue quinine alone, two grains every third hour. Evening.—Pulse 116: much less tenderness of abdomen: skin quite moist: less thirst: continue same.

17th. Pulse 112, soft: face flushed: skin dry: thirst increased: restless: continue same.

18th. Pulse 96, soft: tongue much less red: abdomen soft and scarcely at all tender: some appetite, and scarcely any thirst: continue quinine grs.ii. every sixth hour. In two or three days she was well.

Here, on the 17th, the regular time for the exacerbation, we see an attempt at one, if I may so express it, or one of a modified character, manifested by the flushed face, dry skin, and thirst, though the pulse was soft and less frequent than at at any previous period. This is not an unfrequent occurrence.

Case XIII.—*Fever—Convulsions, &c.* A sister of the above patient, 16 months old, was taken on afternoon of October 9th, 1843, with fever which gradually increased till morning of 10th, when she had a severe convulsion.

On morning of 15th, I saw her and learned that no abatement of the fever, no remission, had occurred since the convulsion. She lies apparently in a constant stupor, from which she can be but imperfectly aroused, tossing her hands and rolling her head about a good deal, cheeks seemingly swollen, and glossy: skin dry and hot: head very hot: tongue white and slightly moist: pulse 170, full, but compressible: pupils slightly dilated: abdomen full: has taken some purgative medicines. R. Quin. sulph. grs.iii. stat. sumend., and gr. iss., every third hour: tepid bath: cold lotions constantly, and cold douche occasionally to head: calomel grs.iv. at midnight.

16th. Pulse 165: some moisture of skin, and less stupor: continue quinine every fourth hour: continue cetera. Even

ing.—Pulse 150: less heat about head: skin moist and cool: continue same: mild enema.

17th. Pulse 140: is no longer stupid, and asks for drink: one large evacuation: skin quite moist: continue same.

18th. Pulse 136: several consistent evacuations: takes the breast willingly, and is cheerful and at times disposed to play: continue quinine gr.i. every fourth hour.

I did not see her again, but was informed that her convalescence was rapid.

Case XIV.—*Tertian Remittent Fever.—Convulsions.*—August 19th, 1844. Christine, a little girl, two and a half years old, on morning of 17th, had a chill followed by high fever, which abated a little last night. Yesterday at dinner, she was allowed, or rather forced to eat heartily of an indigestible mass of something called a pudding, though her fever was high at the time. This morning early, her father gave her 10 grains of calomel. About 10 o'clock, she had a violent convulsion, and during the time two large evacuations, one of them containing a lumbricus. At noon I saw her, she lay in a complete stupor, apparently incapable of swallowing, and noticing nothing: pupils contracted: both eyes turned to the right. Every half hour, or thereabout, since the first fit, she has had slight convulsive paroxysms, in which the eyes are opened and shut with great rapidity, the right corner of the mouth drawn towards the ear, and the right arm suddenly contracted and relaxed, and pupils *very* much dilated. These paroxysms last each about 10 minutes, and seem to come on simultaneously with a rumbling noise in the intestinal canal. Pulse 160, moderately full, but rather soft: head very hot.

I introduced 6 drops of laudanum into her mouth with a little water, which I believe she swallowed, applied a sinapism, afterwards a cataplasm, to her abdomen, another sinapism to her spine, and a blister to occiput, and had cold applications kept up constantly to her head: occasionally the cold douche. In a couple of hours, the convulsive parox-

ysms had considerably abated, and though still in a stupor, she swallowed readily. R. Quin. sulph. grs.xii., div. in chart. vi., one to be taken every third hour.

Evening.—Pulse 140: skin cooler: has had no fit for last two hours: continue same.

20th. Pulse 130: is awake and cheerful: skin moist: continue quinine every sixth hour till midnight, then repeat it every third hour: mild enema.

21st. The exacerbation *anticipated*, came on about midnight: she has had several slight convulsions and is in a deep stupor: pulse 140: head hot. R. Quin. sulph. grs.ii. every third hour: cold douche to head.

22d. Pulse 120: is playful, and asks for something to eat: has had several evacuations: continue same.

23d. No fever: continue quinine, two grains every third hour.

Case XV.—*Remittent Fever, Convulsions, &c.* September 25th, 1844, John Wiley, a lad 16 years old, having been in rather bad health a week or two previously, was taken with fever on 18th. From the time of the attack, his fever continued violent, with nightly exacerbations. He has been profusely purged with calomel and castor oil, and has suffered a great deal from pains, which he says shift about to different parts of his body, but most of the time are seated in the abdomen. Now, (9 o'clock, A.M.) pulse 128, small, corded and a little irregular: tongue rather dry, red at edges, and apparently stained on dorsum of a yellowish brown color, by a matter ejected from the stomach. He vomits incessantly almost, and apparently with very little effort throws up a very fetid, thick, yellowish brown, flocculent matter: thirst insatiable: spleen very much enlarged: skin, conjunctiva, and serum discharged from a blister on his abdomen, very yellow; has had for last three days almost constant hiccough: no evacuation from bowels for last 48 hours: skin alternately hot and dry, and cool and moist: the alternations irregular as to their duration, and the time of their occurrence. He suffers almost constantly with excruciating pains in abdomen,

but mostly in the region of the descending colon, where there is considerable fullness. R. Morph. sulph. gr.½d, to be administered immediately after the first spell of vomiting, and as soon as the irritability of the stomach is allayed by the morphine, to take 8 grains of quinine. After which—R. Quin. sulph. grs.xxiv., morph. sulph. gr.i., mucilage acac. q. s., ut fiat mass. in pil. vi. dividend., one of them every second hour. Poultice to abdomen: to eat nothing.

26th. I could not visit him, but was informed that he seemed better: had an exacerbation, but less severe last night; continue the same, and give a mild enema occasionally till an evacuation is produced.

27th and 28th. I received the same information. The medicine, however, has not been given regularly, in consequence of a notion of his mother, that he will certainly die, and that it is cruel to harrass him with medicine. She is anxious, however, to give him purgative medicine, and solid food instead of chicken water, which I ordered for him.

29th. Was requested urgently to visit him to-day. Yesterday afternoon he was allowed, or rather encouraged to eat two plates of rice. His fever increased much, soon after eating it, and the pains in his abdomen became very severe, together with increased distension in region of descending colon; the vomiting, which had ceased on evening of 26th, also returned. About midnight he had two long and severe convulsions. Now, pulse small and irregular, sometimes for a little while hard, corded, and then soft: pupils dilated: stupor, and delirium when roused: tongue as before: great thirst. R. Hydrarg. subm. grs.xii., morph. sulph. gr.i. M. and div. in chart vi., one to be taken every third hour. Quin. sulph. grs.viii. immediately, and grs.iv. between each dose of the calomel and morphine: poultice to abdomen: blister to occiput.

30th. I learn that, comparatively, he had a comfortable night, still he had an exacerbation of fever. The abdominal pains are much relieved: he is more rational, and less thirsty: tongue very sore, from having bitten it du-

ring the convulsions. R. Quin. sulph. grs.xxxvi., morph. sulph. grs.ii., mucilage acaciæ q. s. ut fiat mass. in pil. xii. div. two of them to be taken every fourth hour: gum water only: mild enema, to be repeated occasionally till an evacuation is procured.

October 1st and 2d. I learn that he is improving: quite rational: continue the same: allow a little chicken water.

3d. Saw him to-day. He has improved a little in every respect: he still has once in every 24 hours a slight exacerbation in his fever, but it is becoming less usual and is deferred to a later period every day. It did not come on till after breakfast this morning, and from what I can learn is at its highest now. Has not had, notwithstanding repeated enemata, an evacuation for several days. Pulse 100: abdomen moderately full, but soft: scarcely any pain: tongue moist: skin and conjunctiva less yellow: spleen still somewhat enlarged. R Hydrarg. subm. grs.x., pulv. opii gr.ss. M., to be taken immediately. Quin. sulph. grs.xxiv., div. in parts vi., one to be taken every fourth hour: to-morrow morning a more active enema.

4th. Bowels open. Had a very slight exacerbation attended with some pain in abdomen this morning, (the pains in abdomen have invariably increased during the exacerbations of fever). No enlargement of spleen. The same prescription was continued up to the 8th, a gradual improvement taking place every day. On that day he had neither fever nor pain, and was discharged. His convalescence was slow but without relapse.

Case XVI.—*Remittent Fever.* July 13th, 1844. William Ward, a stout robust Irishman, a laborer on the rail road, had on 10th, a slight chill and fever: the fever lasting till about midnight; during the continuance of both the chill and fever, he had excessive nausea and vomiting of bile. At dark he took a dose of calomel which operated freely. On 11th, he was up but was feverish all day, and at night had a slight exacerbation. On 12th, during the early part of the day he was again better, but at night had an exacerbation in

which he soon became stupid. Now, (13th, noon,) he is in a stupor, from which he can with much difficulty be roused for a few moments, to give incoherent and irrational answers; pupils natural: pulse 150, and so small as to be scarcely perceptible: surface of body generally above the healthy standard: head *very* hot: respirations 50: tongue moist and red at edges, but dry and yellow on dorsum: makes occasional efforts to vomit: abdomen full, and painful on pressure. It occurred to me that his fever might probably be of the tertian type, but as of this there could be no certainty, I determined to take advantage of the interval between noon and night, at which time, provided his fever should be of the quotidian type, the next exacerbation would occur; for in that case there would take place an aggravation of all his symptoms, and if not death, in all probability sufficient lesion of the brain or some other important organ, to lead to it. R. Quin. sulph. ℈iiss., mucilage acaciæ q. s. ut fiat mass. in pil. xii. dividend., four of them to be taken immediately, and two every fourth hour. Blisters to abdomen and neck, and sinapisms to extremities should they become cool.

14th. No amendment occurred till about midnight, when his pulse gradually became fuller and slower, and his head less hot, his stupor also wore off and he became rational. Before day he had three large dark thin evacuations: pulse 100, full and soft: respirations slow and deep: tongue same: skin cool: R. Quin. sulph. grs.viii., tr. cinchonæ ℥i. every second hour. Evening.—Pulse 112: skin hot and dry: is becoming rather stupid, very restless, lying in one position not over three or four minutes at a time: nausea and vomiting of a sour glairy fluid, sometimes mixed with bile. His fever commenced increasing soon after dinner time. R. Quin. sulph. grs.iv. every third hour.

15th. Continued in same condition till midnight, and then commenced improving. Pulse 86, soft: skin warm and moist: not at all restless: tongue same: sinapisms which were applied in consequence of his extremities becoming a little cool last night, have blistered: thirst continues: continue same.

Evening.—Got up and walked out to have an evacution, which was thin and dark: pulse 90: conjunctiva yellow: tongue same: thirst continues: continue quinine. Hydrarg. subm. grs.x. immediately.

Without any recurrence of bad symptoms he continued to improve under the use of the quinine, and one or two v. gr. doses of calomel, till 18th, when he was discharged. His tongue continued dry up to evening of 17h. When discharged, he was very much reduced, and was slow in regaining his strength.

October 16th, 1844.

ART II.—*A Case of Rupture of the Uterus, with Artificial Anus at the point of rupture.* By WILLIAM N. MORGAN, M.D., of Germantown, Tenn.

Caroline, a colored woman, was attacked with severe labor pains, and all the concomitant symptoms of child-bearing, on the 20th December, 1841. The pains effected a speedy rupture of the membranes, and a consequent discharge of the liquor amnii at the onset of her labor.

She remained in this situation, with excruciating pains, for something like 26 hours, attended by a midwife. At the end of this time a physician was called in, who proceeded to make an examination *per vaginam*, and found the waters discharged, and the child low down in the pelvis, firmly grasped by the uterus, and the pains still very severe.

The presentation was one of the shoulder, the arm having descended. The first step of the medical attendant was to give her an anodyne and bleed her freely from the arm, under which the pains diminished in severity, and he was able to proceed to turn and deliver by the feet, though with much difficulty.

The woman after delivery seemed as well as usual, (for this was her sixth labor) except that she was troubled with costiveness, which had existed some seven or eight days previous to parturition.

The above history I received from the physician and from the mistress of the patient.

Thirty-six hours after the delivery of the woman, I was called in haste to see her, and found her laboring under obstinate constipation of the bowels, though she had taken 9 or 10 ounces of castor oil, and stimulating enemas had been freely used. With this, great soreness of the abdomen existed, accompanied by extreme distension from the lower portion of the sternum to the pubis; her tongue was furred; pulse 120 a minute. The purgatives employed having accomplished nothing, I ordered ol. ricini ℥ij., ol. tiglii gtt.ii., to be administered forthwith, and a blister plaster to be applied to the abdomen.

By persevering in the use of these cathartics, calomel, gamboge, &c., aided by enemas, her bowels were evacuated in four days, after having been inactive ten or twelve.

From this period, there was an abatement of all the alarming symptoms, attended with an evident improvement of the system in general, though the uterus remained above its natural situation, much hardened, rather enlarged, and extremely painful on pressure. She continued to improve slowly for about ten days. At the expiration of this time, she was suddenly and violently attacked with uterine hæmorrhage, attended with great relaxation of the womb, and prostration of the vital energies.

I was again called in haste to see her, and found her in the condition above described. The hæmorrhage yielded to the use of the acetate of lead, opium and ipecacuan, assisted by frictions over the abdomen, and also by astringent injections *per vaginam.*

So soon as she recovered from the prostrating effects of hæmorrhage, she again began to improve as before, with regular discharges from her bowels, and a slight inclination to

diarrhœa, which, however, was easily controlled by the use of calomel and opium. She remained in this condition for seven days after the flooding ceased, making about eighteen from the period of her confinement, when I was greatly surprised to learn that she was discharging fæcal matter through the vagina, and none in the natural way. I immediately proceeded to an examination, expecting to find a communication between the rectum and vagina; but finding no rupture there, pushed my examination further. About the left fundus of the uterus the patient had complained much of soreness, and on pushing the fingers into that region a large collection of fæcal matter was discovered. A syringe being introduced, several ounces of fluid fæces were removed. Dr. John Evans being present, satisfied himself by an examination of the existence of such a state of things. She continued to void her fæces involuntarily by the vagina thirty days, during which time she experienced rapid emaciation. About the last of January a favorable change took place. The evacuation of fæcal matter through the uterus ceased, and she began gradually to improve in health and strength, suffering occasionally from pain about the point of the rupture, and being troubled with œdema of the face, feet, and hands.

It is now about three years since this case occurred. The patient has enjoyed tolerable health since the time above mentioned, with the exception of occasional colic pains in the region of the colon, irregular menstruation, and slight diarrhœa. At times she complains of soreness to the left of the umbilicus, at the point where the rupture occurred. She has had frequent communications with her husband, and enjoys the connexion as before, but has not conceived, although she bred rapidly before this accident occurred.

On her recovery from this state of things, when not under the influence of cathartics, her fæces are of the natural shape and color; the action of her bowels is easily induced, and without more pain than is common under the ordinary operation of cathartics. During the time that her fæces were

passing *per vaginam*, the only medicines that were given were tonics, with an occasional dose of morphine.

Remarks.—The rupture in this case must have occurred during labor, though the intestine could not have passed into the opening until after relaxation of the uterus took place. This must have occurred at the time of the hæmorrhage, for it was not until after the flooding came on (five or six days) that I ascertained that this state of things existed, and this was about the period required for sloughing to take place. At no time were there any symptoms indicating the existence of stricture except at the beginning of the case, as already stated.

October 27, 1844.

REVIEWS.

Art. III.— *An Essay towards a Correct Theory of the Nervous System.* By John Harrison, M. D., Professor of Physiology and Pathology in the Medical College of Louisiana. Philadelphia: Lea & Blanchard. 1844. 8vo. pp. 292.

This work evinces a logical and acute mind. It abounds in discussions which require great closeness and patience of mental application. To do it justice in the way of a critical and analytical review, would require more space, and more time than we have at our disposal. This we regret, because we delayed the notice of the work thus long, in the hope that we should find leisure to go into a thorough examination of its doctrines. But what we are unable to do ourselves, we earnestly recommend our readers who have a taste for speculations in physiology to do. They will find, that Professor Harrison has displayed on all the topics discussed in his Essay an acumen and cultivation of intellect, which cannot fail to excite their admiration; and, in his ample store of facts collected from all quarters, they will be rewarded by a fund of valuable information, whatever may be their opinions as to the correctness of the author's conclusions. Upon these we do not feel prepared to pass our judgment. Some of them strike us, according to the light we now have, as somewhat ultra; still we will not undertake to say that future researches will not sustain them. The doctrine of the following passage, for example, is one which, we conjecture, few

readers will be inclined implicitly to receive. Says the author—

"We insist, therefore, that it is altogether from misconception of the nature of chemical combinations, that it is so roundly asserted that matter operating by means of its own forces, cannot produce an organic compound. But why is it, then, that the chemist cannot in his laboratory produce an organic compound? Simply because he cannot place his materials under those circumstances *essential* to their production. Sugar and gum are composed of carbon and water; but regard, for an instance, the multiplicity of forces, conjoined and operating at the same moment, required to make water and carbon unite. In the first place the leaf must be of a certain chemical constitution, be possessed of a certain structure, and be well supplied with water. There must also exist a certain temperature; light must be present; and the leaf must be of a green color. If any one of these conditions be withdrawn, the union of the two substances will not take place. Now, will it be contended, that the chemical elements of the leaf being given, with the whole structure of the living plant, together with every other circumstance the same; the carbonic acid of the atmosphere would not be decomposed, and that the carbon would not unite with the water? That, in short, there must be introduced in the case the agency of an occult, mysterious principle, before the union could be effected? Assuredly those who thus argue, are under the *onus probandi;*—they must prove their assertion or their *vital principle* must remain a most vague and gratuitous hypothesis.

"Is it fair to argue from our ignorance? Because we do not know the precise manner in which a phenomenon occurs, shall we boldly assert the existence of new agencies in nature? Why by such logic we may multiply new principles almost *ad infinitum.* For instance, the nature of the diamond is perfectly well known; but can the chemist work backwards and form diamond from carbonic acid gas? Can he, in short, form any of those beautiful gems found in the mineral kingdom; such as topaz, ruby, etc.? He cannot. Then will it be urged that these inimitable productions of nature were formed by some force superadded to matter? Will some peculiar principle analogous to that termed *vital* be introduced to account for their formation? If so, let us at once go back to our exploded philosophy. Let us believe again that nature abhors a vacuum; and that this is a very satisfactory reason

for the rise of liquids in exhausted receivers. Let us believe that the splendid researches of modern geologists amount to nothing; and that the impressions of organized beings, found in rocks, are in truth not those of beings once alive, but the productions of the *Vis Plastica* vainly laborring in the bowels of the earth, to evolve the forms of life. In short, let us shut at once the book of Induction, and open that of Hypothesis; which, though it really teaches us nothing, yet gives a pleasing play to the imagination, and gratifies our indolence by relieving us of all farther trouble.

"But it is asked, how comes it that tissues so various in structure, and of such diverse chemical constitution,—how comes it, such various secretions are formed in various localities, and all from one common substance, the arterial blood? It is answered, that these different formations are owing to the different circumstances under which the blood reacts with the solid molecules.

"From what has been said, it is plain, that to account for the formation of organic compounds, we have no good reason for saying that they are not solely produced by the operations of matter upon itself. The chemist it is true, cannot form albumen or fibrine from the elements of those substances, and for a very plain reason,—he cannot command the circumstances under which they were originally formed, and which were absolutely necessary to their formation."

The reasoning on which this rests is acute and ingenious, but there are few, we apprehend, who will not be rather startled at the conclusion, that the vital principle is a vagary, to be placed in the same category with the exploded hypothesis of phlogiston, and nature's abhorrence of a vacuum. This is going a step beyond Liebig. It is claiming for chemistry more than the chemists themselves arrogate for it. But if Professor Harrison is disposed to attribute too much to the plastic powers of chemical attraction, there are other physiologists who refuse it any agency in the evolution of vital phenomena. Truth, it is probable, lies between the extremes, in this case, as in so many others. These bold speculations of our author, we feel assured, will lead to good results by promoting inquiry.

Although Dr. Harrison styles his work an Essay on the

Nervous System, it embraces several other tracts on physiological subjects. It is from one of these—that on *life*—that we have made the foregoing extracts. Having, in the body of his work, treated of the "transmission of the nervous influence," of the "nature of the change undergone," of the "principles of natural philosophy and chemistry," of the "manner in which the change is transmitted," of "innervation," of "certain effects produced by the natural action of the nutritive fluids and solids," of "adynamia," of "hyperdynamia, or irritation," and of "ataxia," he goes on to explain certain phenomena upon the principles laid down under the foregoing heads. Some of these phenomena are the following; viz: Sensible contractility; contractility of the arteries; circulation of the capillaries; the pulse; sleep of plants; movements of the sensitivæ; ciliary motion; the motions of the Hedysarum gyrans, and of the heart; muscular motion; animal electricity; effects of dividing the pneumogastric nerves; and the function of the spleen. This accomplished, the author proceeds to make an application of all to pathology. The reader must be struck with the extent and variety of the bill of fare. The topics marshalled under a common head appear diverse enough, but they are shown to have among them points of resemblance which justify the grouping.

In the Appendix, which constitutes nearly half the volume, the author examines the "Electric theory of nervous action," and devotes many pages to the subject of life. It is in the latter chapter that we have been most interested, as in this, we think it is, that the logical powers of the author are exhibited to the greatest advantage. It closes with the following words, with which, reluctantly, we close our imperfect notice of this interesting work:

"Of a 'vital principle,' however, we can frame no more distinct notions than we can of phlogiston. As soon as we separate these principles from the substances which manifests the phenomena, they are words and nothing more.

"A metal, after being burned loses its 'phlogiston;' organic matter, after undergoing certain changes, loses its vital prin-

ciple;'—the calx, burned with charcoal, is reduced to the metalic state, having regained its phlogiston; organic matter, being digested, becomes a part of the living being, having regained its 'vital principle.' The parallel is perfect.

"Another obstacle to the overthrow of long received opinions is our fondness for whatever is mysterious. To some minds, the nakedness of truth is appalling;—the roseate twilight of poetry being far more charming and attractive. It gladdens the imagination to occupy itself with what we deem the judgment cannot reach, and we shall scarcely take the trouble to fathom a subject which is particularly pleasing to the imagination. Superstition, soon, usurps the throne of reason; and questions, in themselves, perfectly innocent,—questions, that it is the duty of philosophy to propound, and, if it can, to answer,—come thus to be regarded with a holy horror. But this factious mystery, with which we enshroud natural objects, is the bane of science; whose object it is to lay bare the train of phenomena in their natural order of sequence. It, besides, diverts the mind from the perception of that great, that eternal mystery, which lies at the bottom of all things. 'All is wonderful, or nothing is.' The existence of a grain of sand with its powers and capabilities, is as incomprehensible and as wonderful as the existence of a star. He, who recognises this great truth, will smile at all human efforts to aggrandize what is already infinite, or to render more sacred the awful mystery of the universe. If we must have mystery, let us seek it there—in "that which lies at the bottom of appearance,' and remember always, that, *boni viri nullam oportet causam esse, præter veritatem.*" Y.

Art. IV.—*An Essay on the Philosophy of Medicine.* By Elisha Bartlett, M.D., Professor of the Theory and Practice of Medicine in the University of Maryland. Philadelphia: Lea & Blanchard. 1844. 8vo. pp. 312.

This is the attractive title of an attractive work, which has just issued from the press of Lea & Blanchard in the best style of that spirited house. It is a work which is likely to excite no little attention, and to provoke not a little animadversion. "The philosophy of medicine,"—how full of euphony the phrase—how promising of interest the discussion

of the many topics involved in it! "*I trust*," says the author, quoting John Joachim Beccher, "*that I have got hold of my pitcher by the right handle.*" If he has got hold of the true philosophy of medicine, he has made a discovery almost as valuable as that of the philosopher's stone. If he has but indicated clearly the path in which the profession is to advance, and the method by which it is to be purified from the superstitions and follies which have disgraced it for so many centuries, his name will deserve to live in history with that of Bacon. But if we cannot promise him this, nor even assure him that he has got hold of his pitcher by the right handle, we think we can promise him an abundant harvest of criticism. "Who-so taketh up the sword," it has been said, "shall perish by the sword." Our author has grasped the sword with a manly and adroit hand, and has laid about him in good earnest. Not a system-builder has escaped its keen edge. From Cullen to Rush, from Broussais to Thompson, from Hahnemann to Cooke—all are assailed, and he is a lucky man if from each of these schools a swarm of angry combatants is not soon buzzing about his ears. We hope it was not in expectation of such a retaliatory war, that he quoted, in advance, the following passage from Dr. Holmes:

"I know too well the character of these assailants, to gratify their demand for publicity, by throwing a stone into any of their nests. They welcome every cuff of criticism, as a gratuitous advertisement; they grow turgid with delight, upon every eminence of exposure which enables them to climb up where they can be seen. Little as they know of anything, they understand the hydrostatic paradox of controversy; that it raises the meanest disputant to a seeming level with his antagonist: that the calibre of a pipe-stem is as good as that of a water spout, when two columns are balanced against each other. They would be but too happy to figure again in the eyes of that fraction of the public, which knows enough to keep out of fire and water, and to quote that famous line from the idiot's copy-book,

'Who shall decide, when doctors disagree?'"

It must be owned, that while Dr. Bartlett is not sparing of

condemnation, he condemns in a courteous and candid spirit. He indulges freely in criticism, and it is piquant and bold; but, at the same time, his instrument seems to be wielded with judgment, and with an eye to the improvement of the profession. His hatred of *rationalism* and his devotion to *numeralism* are, perhaps, excessive; but this is to be said in extenuation of the fault, that his mistress has all the charms of youth to recommend her, and that her rival is old and antiquated. We enter into his feeling. We partake with him in his partialities and antipathies. We are against systems: we are of the *numerical school.*

The author begins with a prefatory chapter on physical science, and lays down and illustrates a series of propositions, the first of which is as follows:

"*Proposition First.*—All physical science consists in ascertained facts, or phenomena, or events; with their relations to other facts, or phenomena, or events; the whole classified, and arranged."

Upon this proposition he makes the following remarks, which, we are sure, are not out of place in such a work. We mean to say, that we are persuaded, with the author, that the truth of this proposition is not properly appreciated. He says:

"The first proposition, that which stands at the head of this chapter, does not require much illustration. Its truth is so manifest, as hardly to admit of any doubt. It would seem almost impossible, that there should be any difference of opinion in reuard to its soundness, or any obscurity in its conception. I believe, nevertheless, it is true, that there has always been, and that there still is, in the minds of most men, and in those of philosophical thinkers, a somewhat imperfect, or confused, apprehension of its doctrines. I do not think that its truth is seen and felt, as it should be, in the simplicity, the purity, and the absoluteness, which belong to it. The confusion to which I allude, is this. There seems to be a common feeling, that the facts, phenomena, and events, with their relationships, classified and arranged, constitute, not the entire science, to which they belong, but only the *foundation* of the

science. There is a feeling, that these facts and relations are to be used as elements, out of which, the science is to be built up, or constructed, by what is called *inductive reasoning*. The feeling implies, and the avowed doctrine growing out of it often asserts, that the science *is in this subsequent process of reasoning*, and not in the facts, themselves, and their relationships. We are constantly told, that the facts are to be used *as materials*, to be sure; that it is not safe to take for our materials anything but facts; that they constitute the *basis* of every science; but, after all this, the essential condition and constituent of the science is often placed, more in the process of reasoning, as it is called, than in the facts and their relationships. Now, what I wish to insist upon is this; that the science *is in the facts and their relationships, classified and arranged, and in nothing else.* The ascertained facts and their relationships, classified and arranged, constitute, in themselves, and alone, the science, and the whole science, to which they belong.

Prefatory to the second part of his work, our author lays down the following propositions:

Proposition First.—All medical science consists in ascertained facts, or phenomena, or events; with their relations to other facts, or phenomena, or events; the whole classified and arranged.

"*Proposition Second.*—Each separate class of facts, phenomena, and events, with their relationships, constituting, as far as they go, medical science, can be ascertained in only one way; and that is by observation, or experience. They cannot be deduced, or inferred, from any other class of facts, phenomena, events, or relationships, by any process of induction, or reasoning, independent of observation.

"*Proposition Third.*—An absolute law, or principle, of medical science consists in an absolute and rigorous generalization of some of the facts, phenomena, events, or relationships, by the sum of which the science is constituted. The actual, ascertainable laws, or principles, of medical science are, for the most part, not absolute but approximative.

"*Proposition Fourth.*—Medical doctrines, as they are called, are, in most instances, hypothetical explanations, or interpretations, merely, of the ascertained phenomena, and their relationships, of medical science. These explanations, consist of certain other assumed and unascertained phenomena and

relationships. They do not constitute a legitimate element of medical science. All medical science is absolutely independent of these explanations.

"*Proposition Fifth.*—Diseases, like all other objects of natural history, are susceptible of classification and arrangement. This classification and arrangement will be natural and perfect just in proportion to the number, the importance, and the degree of the similarities and the dissimilarities between the diseases themselves."

He then goes on to add the following remarks, which we give in nearly his own language. Our knowledge of anatomy is not dependent upon our knowledge of other branches of medical science. Our knowledge of physiology is not deducible from our knowledge of anatomy. Our knowledge of pathology is not deducible from our knowledge of pathology. Our knowledge of the causes of disease is the exclusive result of observation; consequently etiology is not to be deduced from pathology. Finally, our therapeutics are not deducible from our pathology. In amplification of the latter proposition, he adds as follows:

"Writers upon the science and the art of medicine have always been, so far as the subject now before us is concerned, divided into two classes, or schools; those of the *rationalists*, and of the *empirics*. The former have always been, and still continue to be, the most numerous and powerful. Their doctrines have pervaded and governed the medical world. They claim to be more *philosophical*, than their opponents, the empirics. They profess to be governed and guided, in their theory and practice, by what they are pleased to call *rational principles*. They allege, that their therapeutics is founded upon rational *indications*. They claim, not merely to cure diseases, but to cure them *philosophically*, and in conformity to their *rational principles*. They claim, not merely to have ascertained the relationship, which exists between diseases and their remedies, but to understand the *nature* and the *reasons* of this relationship. They pretend to explain the *mode* and *manner* in which these remedies produce their results. Their doctrine is, that therapeutics is *founded upon* pathology; that the former is deduced from the latter. They are very confident in their knowledge of the intimate *modus*

operandi of their remedies. The empirics, on the other hand, deny all this. They say, that the whole science and art of therapeutics are founded upon simple experience. They say, that our knowledge of the relationship between disease and the modifiers, is the sole and exclusive result of observation of this relationship itself. They disclaim any knowledge of the intimate and essential naturé of this relationship. They deny, that any acquaintance, however complete and accurate, with the phenomena of pathology, could ever, of itself, have led to a knowledge of the relations, which exist between these phenomena, and those substances and influences in nature, endowed with the property of arresting or controlling these phenomena. They deny, that therapeutics is founded upon pathology. They deny, that by any process of reasoning, the former can be deduced from the latter. This doctrine, I hardly need say, is the doctrine of this essay; and the remaining portion of the present chapter will be devoted to its statement and illustration."

The following questions which he puts, in illustration of his views, it will be difficult to answer:

"An examination of all the other therapeutical relationships of inflammation will render the principle, which I am endeavoring to illustrate, still clearer and more evident. There is not one amongst them, which could have been indicated, even, by any methoa of deductive reasoning. How could any such reasoning have ever led to the conclusion, that the abstraction of blood from the general circulation would have diminished the intensity, or shortened the duration, or in any way changed the action of this local morbid process? How could any such reasoning have led to a knowledge of the circumstances, in which this abstraction of blood would be followed by beneficial results? How could any such reasoning have led to a knowledge of the relationships, which exists between inflammation, and the operation of calomel, antimony, and opium? Could the effects of these substances have been deduced, or inferred, from any knowledge, however accurate, of the phenomena of inflammation? Manifestly, and indisputably, not. All these effects have been ascertained by simple and direct observation of the effects themselves. It is not possible, in the nature of

things, that they could have been ascertained by any other method, or in any other way.

"There are certain pathological processes and conditions, one characteristic element of which consists in a distinct and well marked periodicity in their recurrence. These processes and conditions differ very widely from each other in many important particulars; but they agree in this. The most common of these are intermittent fever, and periodical neuralgia. Perhaps there is no therapeutical relationship better established, than that which exists between these diseases, on the one hand, and cinchona and arsenic, on the other. These substances, when introduced into the system, are endowed with the power of arresting, or of modifying, the above-mentioned diseases. Is there anything in this periodical element of these diseases, which, by any process of deduction, could have led to a knowledge of its relationship to these substances? Do these substances possess any other known property in common, excepting this of their relationship to these diseases? There can be but one answer to all these questions. No attainable knowledge of the morbid element; no attainable knowledge of these substances, could have ever led, independent of experience, to a knowledge of the relation, which exists between them. Who could have anticipated, that the action of an emetic would relieve the difficult breathing of croup? What *rational* connexion is there between syphilis and the preparations of mercury; or between scrofula and iodine?"

Thus, we have given enough of this work to exhibit the scope and bearing of its doctrines, and the purity and elegance of the style in which it is written, and that is all we proposed at present. When we shall enjoy more leisure than is now at our command, we may return to it for the purpose of examining some of its opinions in which we do not concur; but in the meantime we commend it to our readers as a work of thought, of labor, and of polish—a work betokening a mind at once logical and poetical—a mind possessing a keen relish for the beauties of nature, but capable of engaging in the drudgeries of practical life. Y.

ART. V.—*The Medical Student, or Aids to the Study of Medicine.* A revised and modified edition. By ROBLEY DUNGLISON, M.D., Professor of the Institutes of Medicine, etc., etc. Philadelphia: Lea & Blanchard. 1844. 12mo. pp. 311.

Much of this work has been before the public, for some time, in the shape of *introductory lectures;* but the profession will be glad to receive it in its present modified and improved form. It is called the *Medical Student*, but it addresses itself equally to the medical *Teacher*, by whom it is greatly to be wished, that its matured opinions and counsel may be gravely pondered. "The whole of the observations," says the author, "apply to the study of medicine as taught in this country." They are such as reach all classes of teachers, and apply to the profession in private stations, as well as to those engaged in public instruction. The topics discussed are numerous, and the argument is continually illustrated and enforced by apposite and pleasing biographical sketches of eminent medical men. Thus, the first chapter, on "*preliminary education,*" closes with notices of John Hunter, Armstrong, Good, and Godman, as affording, in their rise to the first eminence in their profession, evidence of what may be accomplished by persevering industry. In this chapter the author, very sensibly, as we think, counsels to the banishment of Latin *diplomas*, and Latin *prescriptions.* Very ludicrous examples of bad grammar, and confusion of tongues in the latter, are given; as in the following:

Recipe.—*Nitrate of potass*, sesquidrachmam.
Tartrite of antimony, granum.
Calomelanos præparati, grana quatuor.
Misce. Divide in octo (partes.)

This, for its jumble of languages, is equal to Dr. Caustic's motto of Greek, English, and Latin:

O anthropos, or, e gune,
Lacessit, never, *me impune.*

The author says, truly:

"Perhaps, after all, one great cause of the continuance of the present mode of writing prescriptions is, that veneration for antiquity, which vindicates the Latin as the language for diplomas. The whole form of the prescriptiou is, indeed, a memento of by-gone periods, when Jove was invoked for his blessing on the medicine, and when symbols—unknown except to the initiated—were always employed. Medicine was then an 'art or mystery;' and the prescription of the physician equally with the labels on the bottles and boxes of the apothecary, conveyed the idea of that mystery, which has been properly designated as imperfect knowledge; but now, that this has been discarded,—that the arcana of the science are thrown freely open, and that the darkness and complicated dogmas of the schools have yielded to a better mode of reasoning and experiment, so that what was formerly taught and implicitly credited, as a dictum of the master, is now exhibited perspicuously and demonstratively, and, unless rendered intrinsically clear and intelligible, is unhesitatingly rejected,—these relics of a barbarous period ought to be discarded."

"Medical education prior to attendance on lectures" is the subject of the second chapter. This contains a pretty full glossary of technical terms, and Latin phrases, which will be acceptable to many medical students. The chapter closes with an answer to the question, what are the subjects which the office-student should peruse during his first year, and before he has commenced his attendance on lectures? The author remarks, that—

"Generally, on this point, the preceptor gives himself but little trouble. The youth is received into the office: the books,—few or many as the case may be—are placed at his disposal, and he is left to his own discretion—which may be a negative quantity—as to the topics he shall persue. Under such circumstances, it will almost always happen, that those subjects, which minister most to his curiosity, and which are, therefore, the least dry, will first attract his attention, and a discursive habit may, in this manner, be acquired, which may shed its injurious influence over his subsequent career."

"During the first year of office study, *full* benefit cannot accrue from the perusal of works on any of the branches of

medical science. Perhaps, the most proper to be placed in the student's hands would be a treatise on physiology, which contains sufficient anatomy to enable him to acquire the terms, and to have a general idea of the structure and functions of the different parts of the organism. If he possess but a slight acquaintance with chemistry, general anatomy or the anatomy of the textures can be studied, at this period, almost as well as at any other."

Our author quotes, with approbation, the following remarks of a learned author, Dr. Latham, on the propensity of men to magnify the difficulties which the student must overcome, before making himself master of his profession:

"The different professions"—observes a recent learned author, Dr. Latham—"have one way of glorifying themselves, which is common to all. It is by setting forth a vast array of preparatory studies, and pretending they are indispensable in order to fit a man for the simple exercise of the practical duties that belong to them. I have heard lawyers make such a mighty parade of the things, which a man must know before he is called to the bar, that, according to the average of human capacities, not one in fifty has the smallest chance of mastering them; and of those who do master them, not one in fifty can employ them to the uses for which they are intended. I once saw a list of books recommended by a professor of divinity to the study of those going into holy orders. They were more numerous than the majority of even studious men ever read in their whole lives; yet these were a few prolegomena introductory to the office of a parish priest. We, too, conceive that it befits our dignity to magnify ourselves at certain seasons. The commencement of a session is usually the time chosen; and then, what a crowd of wonderful things are marshalled by authority around the entrance of our profession! And through this crowd, it is implied, every man must press his way before he can obtain admission. As if we wished to guard and garrison ourselves against invaders, rather than to gain good and useful confederates! In the affair of literature are reckoned Latin, and Greek, and French, and Italian, and German. In the affair of science, mathematics, and metaphysics, and mechanics, and optics, and hydraulics, and pneumatics, mineralogy, botany, zoology, and geology. Such are the portentous forms that guard the threshold. But farther onward are placed anatomy,—human and compara-

tive, and morbid; physiology and pathology; chemistry,—general and pharmaceutical, and materia medica; surgery,—theoretical, clinical, operative, and ophthalmical; medicine,—theoretical, clinical, obstetrical, and forensical. The general display of objects so grand and multifarious is formidable enough; but not so formidable as their representation in detail. Of the great cosmogony of medicine there are several departments, and each professor never fails to magnify his own, by counting the cost of time and labour, which you must be prepared to bestow, if you wish to make any progress in it. "Haller (perhaps such an one will say) surely knew what anatomy is, and how much goes to make an atatomist; and Haller has estimated the cost at twenty years of time and labour."

The following passage, from the next chapter, is amusing and instructive. Having detailed some of the follies of the "*Brandy and Salt*" practice, by which mercenary men deceived the public, and put money in their purses, he adds:

"Yet, the more sad and solemn part remains. We find the possessor of these views, which seem to us so irrational, patronized not only by the long-suffering, capricious, and confiding female, but by men, who, in the pursuit of their own honest daily avocations, exhibit no lack of good sense; and by others, who, from their opportunities and position, ought to be expected to reject unhesitatingly such marvellous insignificancies; and who, on other subjects, exert a judicious skepticism, and a just appreciation of ordinary events."

And this grave reflection he illustrates by the capital anecdote which follows:

"It is entirely consistent with the manifestations of the human mind, that excessive credulity and excessive skepticism should exist at the same time in the same person; and that one who is a declared infidel on many topics that are admitted by the wisest and the best, may yet cherish the marvellous and the monstrous. The ancient but apposite anecdote of the flying-fish is, doubtless, known to many; but it will bear repetition, and has been presented again, of late, by a popular writer, C. Mackay, on a congenerous subject. 'Well, son John,' said the old woman, 'and what wonderful things did you meet with all the time that you were at sea?' 'Oh!

mother,' replted John, 'I saw many strange things.' 'Tell us all about them,' replied his mother, 'for I long to hear your adventures.' 'Well, then,' said John,—'as we were sailing over the line, what do you think we saw?' 'I can't imagine,' replied his mother. 'Well, we saw a fish rise out of the sea. and fly over our ship!' 'O, John, John! what a liar you are!' said his mother, shaking her head, and smiling incredulously. 'True as death!' said John; 'and we saw still more wonderful things than that.' 'Let us hear them,' said his mother. shaking her head again; 'and tell the truth, John, if you can.' 'Believe it or believe it not, as you please,' replied her son; 'but as we were sailing up the Red Sea, our Captain thought he would like some fish for dinner, so he told us to throw our nets and catch some.' 'Well?' inquired his mother, seeing that he paused in his story. 'Well,' rejoined her son, 'we did throw them, and, at the very first haul, we brought up a chariot-wheel, made all of gold, and inlaid with diamonds!' 'Lord bless us!' said his mother; 'and what did the Captain say?' 'Why he said it was one of the wheels of Pharaoh's chariot, that had lain in the Red Sea ever since that wicked king was drowned, with all his host, whilst pursuing the Israelites.' 'Well, well!' said his mother, lifting up her hands in admiration, 'now that's very possible, and I think the captain was a very sensible man. Tell me such stories as that, and I'll believe you; but never talk to me of such things as flying-fish! No, no, John! such stories won't go down with me, I can assure you."

The concluding chapter, on medical education after graduation, contains judicious advice to the young practitioner, the substance of which may be guessed at from the heads of of the topics They are as follows: Graduation not the end of Study; Dignity of the profession; Advice to the graduate: Mode of observing; Fallacies of experience; Residence in an Hospital advised; Necessity for the exercise of sympathy and benevolence, and of attending to the address; Importance of temperance and sobriety, and of presence of mind; Obligations to secrecy, discretion and honor; Value of tact as well as talent; Professional etiquette; Qualifications of the young physician.

This volume will find interested readers in the numerous

physicians who have been pupils of the author. But we trust its perusal will not be confined to them. It is a seasonable contribution to our medical literature, and will introduce an improved system of study among the profession, if its precepts are duly heeded. Y.

ART. VI.—*The Anatomy of the Human Body.* By J. CRUVEILHIER, Professor of Anatomy to the Faculty of Medicine of Paris; Physician to the Hospital of Salpetriere, and President of the Anatomical Society of Paris. The first American, from the last Paris Edition. Edited by GRANVILLE SHARPE PATTISON, M.D., Professor of Anatomy in the University of New York; Member of the Medico-Chirurgical Society of London, etc., etc.; etc. New York: Harper & Brothers. 1844. 8vo. p.p. 907.

Competent judges have pronounced this the ablest work on descriptive anatomy extant, and we feel no disposition, after the best examination we have been able to give it, to dissent from this opinion. Few men in the profession rank higher than Cruveilhier, and as an anatomist, healthy or morbid, his authority would every where be received as the best. The Messrs Harper have now made his system of anatomy accessible to the medical profession in this country, and have put it at a price less than one-fourth of the cost of the English edition. In this they have done the profession a service, and the cheapness of the work, added to its acknowledged superior excellence, it may be expected, will cause it to be introduced very generally into the libraries of our physicians.

The editor does not profess to have added much to the elaborate stores of Cruveilhier. In the first place, he says, the work is so perfect as not to require any additions from his pen, and, besides, is so voluminous, that any increase in its size would have diminished its value. But apart from this, "the editor has ever thought that an independent mind will shrink from mixing up and incorporating his thoughts with those of another."

Professor Pattison seems to consider an apology due from him to the profession, for engaging in the humble task of editing this work, instead of publishing a system of his own. This, he thinks, his position in the "*Metropolitan University of the United States*," gave them a right to expect from him. The reason why he has not hitherto brought out such a work, is an apprehension that, since it would contain the peculiarities which belong to his lectures—namely, the application of anatomy to physiology and pathology—it would have the effect of rendering his lectures less interesting than they are at present to his pupils. Hence, he adds, he is determined never to "publish an original work on anatomy, so long as he is engaged in the duties of teaching."

The preface of the editor in proportion to the size of the volume is short, but for a preface it is long, and contains abundant proof of that spirit of jealousy, which appears to be increasing between the medical gentlemen of the two great Atlantic cities. We make no comments on the tone which characterizes this preface; but we must take the liberty of suggesting to the veteran professor, in future editions of the work, to have more care in the composition of the few pages in which he introduces it to his readers. Such glaring faults as mark many of the sentences in these four pages, might easily be avoided by a little attention. Nothing but the most extreme haste or negligence can explain the perpetration of such blunders as appear in the following sentence:

"New York is the great metropolis of the Union, and must very soon become like London and Paris, however distasteful it may be to those who have other interests, *become* the great centre, not only for medical publications, but also of medical education."

We say nothing about the good taste, or the bad taste, of introducing such a boast into a work on anatomy; but the construction of the sentence, it must be admitted, is any thing but tasteful. This, however, does not detract from the great merits of Cruveilhier's work. They speak for themselves, and will be appreciated by every one who is so fortunate as to obtain possession of the volume. Y.

ART. VII. *Principles of Pathology and practice of Medicine.* By JOHN MACKINTOSH, M.D., Lecturer on the practice of physic, Edinburgh, &c., &c., &c. Fourth American, from the last London edition. With notes and additions. By SAMUEL GEORGE MORTON, M.D., formerly physician to the Philadelphia Hospital; author of Illuatrations of Pulmonary Consumption, &c., &c. Philadelphia, Lindsay & Blackiston. 1844. p.p. 892.

Whatever we may think of the practice of writing notes on the works of living authors, we cannot object to the annotations on the writings of the dead; among whom, unfortunately for practical medicine, the author of the work before us now reposes. But for such additions, books of sterling merit would soon fall "behind the times;" and go out of print, from not presenting, what so many readers are chiefly bent upon having—the latest discoveries and improvements. It would be well, that the latest *were* always the best; but, it is sometimes otherwise; for new modes of practice may supersede the old, without being superior or even equal to them. It would make a curious piece of history, to have all the different remedies, for any single disease, which have, from the beginning, been proposed, written down—each professing to be an improvement on the last, and received as such, although in many instances quite the reverse. Nevertheless, as medicine is a progressive science of observation and experience, all this seems unavoidable; for the spirit of innovation should not be quenched, and the real can only be distinguished from the unreal, by giving the whole a fair chance, in our trials.

We are far from intimating that the work before us, presents alterations rather than improvements; for, in truth, we regard it as one of the best systems extant. Its first merit is, that unlike some others, that of Dr. Good, or Dr. Craigie, for example, it is not overladen and smothered, with facts and opinions, drawn from a countless number of writers, ancient and modern: A second is the decisive tone in which the author expresses himself—decisive but not dogmatical: A third, we find, in the intelligible simplicity of his style: A fourth, in

the sound practical judgment evinced in the treatment, which in most cases he recommends: A fifth, in the natural and excellent arrangement of his subjects. In his pathological speculations, our author shows himself familiarly acquainted with existing theories; and generally takes that which is most rational; keeping as clear of mere hypotheses as any other writer of the day.

The notes by Dr. Morton are sometimes critical; sometimes explanatory; more frequently they are interlarded additions to the text; designed to introduce the opinions or practice of American physicians, and put forth the results of his own ample experience. In discharging this duty, he seems to have been governed by a candid temper, in union with a matured judgment; and both student and physician will thank him for what he has added. He has enriched, without disfiguring, the text of his author.

In concluding this brief notice of a new edition of a standard work, we cannot withhold from the editor a different and higher tribute of respect. Although, but in middle life, and denied the advantages of perfect health, he has, by an industry of which in this country we have too few instances, found time, in the midst of his practice and his public teachings, to write a respectable work on Pulmonary Consumption, another on Anthropology, and so many papers on Geology, as to secure his election, not long since, to the presidency of the Association of American Geologists. Such diversified and successful labors, present him as an example which we hope may be extensively followed.

Art. VIII.—*A Dictionary of Practical Medicine*, comprising General Pathology, and the nature and treatment of Diseases, morbid structures, &c. By James Copland, M.D.F. R.S. Edited, with additions. By Charles A. Lee, M.D., New York: Henry G. Langley. 1844. 8vo. Part I. p.p. 144.

At length the American profession is favored with an opportunity of procuring, on easy terms, this most admirable

dictionary of practical medicine, the fame of which has preceded its appearance, and spread far and wide over the country. Few works have met with as much public favor at home; few, indeed, have received more labor from the author, or comprise in as small space so great an amount of valuable practical matter. All we deem necessary is to publish the terms on which the work is to be issued, for no new commendation is required to secure for it an extensive sale. It is to be published in twenty monthly numbers, making three large octavo volumes, at ten dollars. This Dictionary will constitute, when completed, a library of great value to the practitioner.

ART. IX. *A Treatise on Pathological Anatomy.* By CARL ROKITANSKY, M.D. Professor Extraordinary of Pathological Anatomy of the University of Vienna. Part I. Containing the abnormal conditions of the Organs of Respiration. Translated from the German, with additions on Diagnosis, from Shoenlein, Skoda, and others. By Dr. JOHN C. PETERS. New York: Wm. Radde. 1845. 8 vo. p.p. 164.

The first number of this work, which we have received from the Translator, is accompanied by testimonials as to its great excellence from some of the most competent judges in this country, and some of the most authoritative journals abroad. Among the former are Professors Parker and Mott; and of the latter, the British and Foreign Medical Review holds, concerning it, the following language: "Dr. Rokitansky's book is no more than it professes to be: it is morbid anatomy in its densest and most compact form, scarcely ever alleviated by histories, cases, or hypotheses." The opportunities of the author for wide and accurate observation appear to have been of the best kind, and he gives evidence of having improved them with true German industry. This work is said to contain the result of his experience gained in the examination of over twelve thousand dead bodies. To the pathological Anatomy of Rokitansky, the Translator has added copious notes on *Diagnosis*, from Schoenlein and Skoda, who

belong to the same school of laborious observers, and of whom we are told, that the former is the most original and accurate auscultator and percussor, and the latter the greatest master of general diagnosis, in Germany. Rokitansky is a remarkable man, and as his name is probably new to nearly every reader of this Journal, we subjoin a brief sketch of his professional training and character, which we find in the preface of the Translator. Dr. Peters, who was a pupil of the learned German, says—

"It is well to add, that Rokitansky was first educated as a hospital physician; next, he was trained up in the dead-house in the celebrated Sifft, and finally was elected to the professorship of pathological anatomy; that all medico-legal, or so-called coroner's cases, are submitted to him for examination, so that life and death hang upon his verdict almost every day, and he is forced to acquire a most extended knowledge of practical medicine, which is the more necessary to him as he is daily called upon to verify or condemn the diagnoses of numerous clinical professors. Such is the training to which his naturally researchful and truthful impulses have been subjected through a long series of years. Right honestly and modestly does he perform his delicate duties; ever inclining to the side of mercy, he is firm enough to add the weight of his testimony to that which has been accumulated against a trembling or hardened criminal, and never is found weak enough or mean enough to gloss over the mistakes or flatter the vanity of hospital physicians."

The Translator seems to have bestowed uncommon labor upon his task. He says:

"We are scarcely ashamed to own that the present is the fourth version which we have made; twice we essayed the task unaided, and although we had read the work repeatedly and carefully, and were familliar with Rokitansky's style, from hearing his lectures and enjoying familiar private intercourse with him, we could not succeed in making even a passable translation. We had thrown up the task in despair, although our admiration and friendship for Rokitansky had drawn us to it as to a "labor of love," and we had received not only

his permission but his request to undertake it, when Dr. Wotherspoon volunteered his assistance and almost forced us to the third trial. Even the result of our joint labors did not meet a very low ideal of what the work ought to be, and hence we not only revised and compared it with the original text, but re-wrote the whole. We pledged ourselves for the faithfulness of the translation, and although Dr. Wotherspoon took considerable pains to render the style more English, it will still be found foreign and rude in many respects."

The style is eminently condensed, and that in a scientific work is a virtue broad enough to cover a multitude of venial offences. The appearance of the book is good: the paper is white, firm and thick, and the letter, one upon which the eye reposes with satisfaction. We hope the Translator will be encouraged to go on with the work to its completion. That will depend upon the sale with which the part now before the public meets. This part is perfect in itself, and will constitute a valuable monograph on the abnormal condition of the organs of respiration, should the remaining parts never appear.

ART. X.—*The Cyclopædia of Practical Medicine.* Edited by JOHN FORBES, M.D., F.R.S., ALEX. TWEEDIE, M.D., F.R.S., and JOHN CONOLLY, M.D. Revised, with additions, by ROBLEY DUNGLISON, M.D. Parts XIII., XIV., and XV. Philadelphia: Lea & Blanchard. 1844.

With the first of these numbers begins the third volume of the Cyclopædia, which will be completed with the twenty-fourth, now in a few months. In conversation with practising physicians, we have been gratified to find, that this work comes fully up to the high expectations formed of it from the complimentary notices in the journals, and that as a work of reference it is regarded as superior to anything hitherto published on practical medicine.

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

A Case of Temporary Mental Alienation.—About noon, on the 7th of May last, I was called to see M. J., a young man belonging to a distinguished family, and residing in the *Rue de la Paix*. His temperament is sanguine, his disposition amiable. I found him upon his bed, where it was with the utmost difficulty that four robust men could hold him. He recognized no one, not even his friends or relatives. His face was highly flushed, his eyes wild, haggard, and rolling in their orbits. He had a violent delirium, characterized by a fixed and false idea. He saw, before him, the corpse of a man, and gazed at it with sneers. He wished to drink the blood of the imaginary being, and demanded a cup of it filled high unto the brim. Hereupon his tongue was moistened with a few drops of water, and he believed himself to be drinking blood. He asked for more, and swallowed a tumbler full with avidity. He now bade his friends farewell, expressing a determination to end his torments by self-destruction. He should die happy, since he was revenged upon the man who haunted his vision. But immediately he reproached himself for his atrocity, and expressed his shame and condemnation for the infamous act that he had committed. He was seized with nausea, (probably from the disgust of drinking what he supposed to be blood), which ended in slight vomiting. He now obtained a few minutes repose. Suddenly, however, his features contracted, his eyes opened with a hideous aspect, and, with maniacal force, he seized the hands of one of his attendants, whom his distempered imagination converted into an enemy—a taunting, bullying enemy. He wished to disembowel him, and ravingly talked of a deadly

duel. In the imaginary contest, he believed himself to have received a large and mortal wound in the chest, into which as he supposed, he thrust his finger and enlarged the gory gash, that it might die the more quickly. Again he bade his friends adieu, and sank, oppressed, upon his bed. No voice was listened to or recognized.

Such was his condition during four anxious hours. Neither the sinapisms upon his feet, from which he experienced a sensation of prickling, nor the ice applied to his head, nor twenty leeches on either side of his neck, the bites of which bled profusely, could moderate his furious transports. They recommenced with additional violence.

Struck with the peculiar character of this delirium, which nothing could mitigate, and which contrasted strongely with the gentle disposition of the young man, I suspected that it must have originated in some violent *moral* influence. But upon this subject no one could give me any information. His delirious mind appeared to be wholly absorbed with the idea of a man—of an enemy—whose death he desired, even at the sacrifice of his own life. I thought of jealousy as the cause, and, in order to verify my suspicion, I placed my mouth to his ear, and said loudly, though not sufficiently so for others to hear, "*She prefers you: I am assured of it.*"

"Who told you so? Who are you to talk to me in this manner?" he instantly cried, with an expression of astonishment and fury. My conviction was from this moment established.

I learned that on the preceding day he had no inclination for dinner, was melancholy, and in the night had written a letter of ten pages. I inquired for this letter, and fortunately, the *commissionaire* who had carried it to the person addressed, was found. It as written to a young lady. Accompanied by the brother of the patient, I immediately went to her residence, and entreated her by every thing she held most dear, to ascertain if her presence in the chamber of the sick man would not exert a favorable influence, more powerful than any of the means theretofore resorted to. Through compassion and benevolence the lady overlooked those objections which she might have advanced against a compliance with my request. She went to the house of the young man, and when she entered his room he was as furious as he had been before.

"Why! Sir," said she, "what means all this?"

At these few words,—at the sound of that voice, a sudden

change came over the features of my patient; a cloud as it were, fell from his eyes; his pupils, which had been large, contracted, and a smile softened the rigid outlines of his lips. He extended a hand on the side from which he heard the voice, and said, "Oh! is it you!" and as soon as he felt the hand of the lady placed within his own, he covered his eyes with the opposite hand and began to weep. I directed every one to leave the room, and went out myself.

I was absent but a few moments, and, upon returning, he extended his hand towards me and asked forgiveness. His reason had returned! His respiration was regular, and happiness beamed in his eyes. I interrogated him, in relation to the false impressions under which he had labored, but he could give no account of it. "All that I can remember," said he, "is, that my head became instantaneously relieved, the blood rushed towards my heart, and for a moment it was difficult to breathe. This oppression passed away with the few tears that I shed, and now I feel perfectly well."

He went out as usual on the following morning, and in the evening rode into the country. Since his return I have met him frequently, and he invariably expresses his gratitude for the almost miraculous manner in which he was restored.

Am. Jour. of Insanity.

Monomania Induced through Imitation.—Instinctive monomania, transmitted by imitation, although of an origin more mysterious and more difficult to explain, still shows itself in a more marked manner, and whenever it exhibits itself cannot be mistaken.

This branch of my subject can only be established by facts, but which in the present state of our knowledge cannot be satisfactorily explained. The following are examples:

An individual of a melancholic turn of mind, witnessed the execution of a criminal. This sight induced such violent exertion, that he was seized with a most vehement desire to kill some one, while at the same time he retained the most vivid fear of committing it. He stated his miserable condition in great anguish, beat his head, wrung his hands, and cried to his friends to save him. It would seem that in this instance the sight of blood produced a result similar to the impulse which actuates the insane in their periodical attacks of fury.

A child about seven years old strangled its younger brother. His parents caught him in the act. They asked him the

cause. He replied weeping, that he was only imitating the Devil whom he had seen strangling Punch.

After the double murder (of children unknown to him) by Papavoine, a female of high rank visiting the place where the homicide had been committed, was seized on the instant with a desire to commit murder. The influence of printing an account of acts of this description in propagating this frightful instinct, is well known. Many instances occurred after the murder committed by Henrietta Cornier. Many mothers declared themselves impelled to destroy their children, and ask for aid to prevent the crime. At Amiens, a mother recently confined having heard of that person, was thus seized. She struggled against the impulse as long as possible, until at last fearing the result, she confessed her condition to her husband, who caused her to be secluded. In another instance, ten days after Cornier was sentenced, a mother strangled her child by pressing her arm around its neck.

Suicidal Monomania transmitted by Imitation.—A disordered state of the mental faculties not only impells men to the destruction of others, but also to their own. Strange passion, this of suicide! And yet, it is contagious, it is epidemic, it is very frequently the result of imitation. Examples crowd upon us from the earliest antiquity. Thus with the females of Miletus, the epidemic could alone be arrested by ordering that all the self-destroyers should be exposed publicly, naked, and with the cord around their necks.

After the invasion by the Spaniards, the Peruvians and Mexicans killed themselves in such numbers, that according to the historian, more fell by their own hands than by the weapons of their enemies.

In a small village in France in 1813, a female hung herself. Her example was soon followed by several others, and it needed exhortations of the Parish cure to check it.

M. Esquirol asks whether this epidemic appearance of suicide depends on an unknown condition of the atmosphere, on the imitation which propagates it, on political disasters in a country, or on a dominant opinion favorable to suicide. Doubtless it may originate from various causes, but in considering these, we should distinguish between predisposing and determining causes. It is evident, that in suicidal monomania, there exists a variety of predispositions. Temperature, the seasons, menstruation, pregnancy, political troubles, affections of the heart, all have induced it. But in epidemic monomania, although these single or united may operate in causing a

propensity—yet the *determining* cause is almost invariably imitation. It is after the first case that these complex elements enter into fermentation and the epidemic bursts out.

Imitative suicide affects generally a most singular fidelity in the repetition of the act which it copies. This extends not only to the choice of the same means, but often of the same place, at the same age, and with the most exact resemblance of the previous scene.

A man (says Voltaire,) of a serious profession, middle age, very regular habits, and in comfortable circumstances, destroyed himself in October, 1769, and in a letter to the council of his native city, left the following apology: *'My father and my brother each killed themselves at the same age that I now am.*

Under the empire, a soldier destroyed himself in a sentry box. Several others repaired to the same, where they killed themselves. The sentry box was burnt and the epidemic ceased. Again, while Serrurier was Governor, an invalid hung himself on a door. In fifteen days, twelve invalids hung themselves on the same. Sabatier advised that the door should be walled up, which was done, and no new cases occurred.

Other Monomanias transmitted by Imitation.—If we allow that monomania may be transmitted in the preceding instances, it necessarily follows that it may be possible in other forms. Thus, it seems very evident to me that in many cases of incendiary monomania, as in England and Normandy, this may with probability be assigned as the cause.

Still, when monomania affects a number of persons at once, it must not invariably be attributed to a sympathetic imitation. This remark applies particularly to those kinds of reasoning monomania, which originate in pride and ambition. They are less exposed to public observation, and hence being unknown, cannot be imitated. Thus I witnessed shortly after the return of the Burbons, five or six females, who in total ignorance of each other's delusion, respectively imagined themselves to be the daughters of Marie Antoinette. Here could have been no imitation, since the public prints had given no account of them. At the same time also, we had many pretended dauphins, but as the papers noticed some of the cases, it is quite possible that several may have been the result of imitation. We may with greater certainty ascribe to imitation the extravagance committed by a number of young men in the city of Leipsic, who on the first representation of

Schiller's Robbers, abandoned their parents and repaired to a forest in order to form a band of brigands. We can readily explain the delusion in this case, and instead of referring it to a taste for robbery, assign the more natural cause—the charms of a nomade, free and independent life, as pictured forth in the German Drama.—*Ibid.*

Fatal Hæmorrhage from a Varix of the Vulva.—In a late number of the Berlin Medical Gazette, we find the following case related:

A woman, pregnant of her fifth child, had, for a length of time, been annoyed with a large swelling on the left labium. One evening, immediately after going to bed, she was suddenly seized with a profuse hæmorrhage from the vulva. The midwife was accordingly summoned to her assistance; but she, finding the alarming state of the woman, sent off at once for Dr. Hesse. On his arrival, the patient was already in the agonies of death: the bed and floor were covered with dark coagulated blood. On examination, the orifice of the vagina was found closed, and its canal quite dry. The Cæsarian operation was immediately performed; but the child was dead. The uterus was quite empty of blood; and the placenta adhered over its entire extent. No distinct tumour was now visible on the vulva, although the labium was still flabby and voluminous. When it was pressed, a jet of dark blood flowed out from a wound that was not more than half an inch in extent. This wound led backwards, in the direction of the perineum, to a cluster of varicose veins, one of which had burst.—*Med. Chir. Review.*

Treatment of Chronic Catarrhal Ophthalmia.—M. Reveille-Parise strongly recommends the decoction, or a strong infusion of rhatany root, and a lotion with which the affected eyes are to be bathed. Besids acting as an astringent, this remedy seems to have some other mode of operation; for we do not find that similar preparations of oak-bark or of gall-nuts—although bath of these contain a large proportion of tannin—are equally efficacious, as collyria in the ophthalmia alluded to. The application should be used luke-warm, and a few drops Goulard's Extract may be added to it, if deemed proper.—*Ibid.*

Observations on the Climacteric Disease, with Cases. By Henry Kennedy, M.B. &c. &c. One of the Medical Officers of St. Thomas's Dispensary.—It is now more than twenty years since Sir Henry Halford published his paper on the climacteric disease, and for many a long year we have directed our attention to the malady in question, but not with the most satisfactory results. We occasionally see people, at all ages, droop in general health, but without any tangible or appreciable disease of any particular organ—exhibiting a declension of all the powers of life—a deterioration of all the vital functions—and this state continuing for many months, ending in death, or a gradual restoration to health. Generally, however, some one organ, as the heart, the lungs, the kidneys, or the stomach gives way before the fatal termination arrives, and appears to be the immediate cause of death. That such a break-up of the constitution takes place more frequently at 63, than at 53—43, or 33, might be naturally expected; but beyond this, we verily believe that there is nothing about the "Grand Climacteric" except the force of imagination. Dr. Kennedy believes that the malady in question is a substantive disease; but that it is not confined to the climacteric period, as he has seen it not unfrequently between the age of twenty and thirty years. But this is not all. Our author observes:—*Were I to speak from my own experience, I should say that the persons who pass through life without having labored under it, once, if not twice, are the exceptions to the general rule.*" The following sketch will show that the climacteric disease is just what is familiarly called being "out of health," or "out of condition," for a longer or shorter period.

"Climacteric disease in general commences in a very gradual way. From three to six weeks may pass over, the individual not feeling quite well, and yet not making any distinct complaint. I have known it happen too, though it is not common, that the patient was observed by his friends to be looking ill for a considerable time before he made any complaints whatever. In the great majority of cases, however, the remarkable change the countenance undergoes is not observed till a later period of the disorder. Pains of one form or other are among the most common symptoms ushering in the attack; these may be of a darting and transient character, passing through the entire frame, or they may be more fixed and confined to a certain part. In the former case they are set down as rheumatic or gouty pains, according to the habits, or, it may be, the wishes of the individual; while in

the latter nothing remarkable is to be observed about them, except that in general they are in a very marked degree periodic. Another very common symptom complained of in the earlier stages of the disorder is weakness, which is referred in general to the knees, the patient expressing himself in the usual way, by saying that these parts feel as week as water. It is not alone when the patient is walking about that this weakness is complained of; on the contrary, they suffer from it while lying on a sofa, and I have seen it complained of to such a degree that it was described as amounting to absolute pain. It is also worthy of remark, in connexion with this sense of weakness, that it does not seem to be increased by any exercise the individual may take. In one instance, which will be given in detail, this symptom recurred for several days, and at a particular time of each day, before any other symptom showed itself, the individual during this period wondering what could be the cause of such weakness.

"It has been already stated that the disease under notice generally commences in a gradual way. To this, however, there are some remarkable exceptions, and this is an important point to keep in mind. I have known the disease commence with what may be called acute symptoms. Thus a common bilious attack has been followed at once by the usual symptoms, and well-marked climacteric disease has been established within fourteen days. A case of this sort will be detailed. A common cold, or influenza, has been already mentioned as ushering in the attack. But probably the most important of this class of cases is where the disease commences with head symptoms of so acute a character as to throw the medical man entirely off his guard. Under such circumstances a wrong view is very apt to be taken of the case, and erroneous treatment accepted in consequence. This will be alluded to again.

"After the pains, which have been before spoken of, have existed some time, other symptoms make their appearance, in quicker succession too than the commencement of the disease would lead one to expect. The appetite begins to fail; this soon increases to a total loss of it; and finally, should the attack be a well marked one, an utter aversion for all sorts of food succeeds. With this there is of course loss of flesh, and strength, both of mind and body, and above all, the sleep at this period goes astray. In a disease which is marked by such a variety of symptoms there is no more constant one than this loss of sleep; one exception only has come under my notice where it did not exist."

Thus the three chief symptoms are loss of flesh, alteration of countenance, and quickened circulation, with disordered function in one or more organs of the body. Or, to use the words of our author, the climacteric disease is—"a decay, for the time, of the several functions constituting life, but more particularly of those of the nervous system. To any one studying a case of the disease, it appears as if the system had got tired, and could not carry on its various functions with its wonted energy." If this be the climacteric disease, we agree with Dr. Kennedy, that it is to be met with at all periods of life, and in all classes of society—but more frebuently, of course, in the later than in the earlier periods of existence.

In respect to treatment, it is hardly necessary to say that no specific plan can be laid down for a disease that has no specific character or seat. Debility is, no doubt, a prominent feature in the malady; but there is so often a local affection attending the general weakness, that we ought always to examine the head, chest, and abdomen. Such a state of bad health as is described by Dr. K. presents usually a considerable degree of derangement of the abdominal secretions; and if these are not corrected, tonics or stimulants will be of li'tle avail. Alteratives, tonics, and change of air, are among the chief therapeutic agents.—*Dublin Journal.*

Magnetization of a Steel Rod by the mere Influence of the Will!—M. Thilorier, on the 11th and 18th of June last, endeavored to establish, by a series of experiments, before the French Academy of Sciences, the existence in the human body of a fluid or agency analogous to the electric, and capable of producing some very curious phenomena. Many facts, he said, might be adduced to prove this position, which will probably startle most who have not thought of the subject. Of these, one of the most satisfactory is that of magnetizing a steel rod, placed upon the epigastrium, by the mere and unaided effort of the will! By the simple act of volition, this effect is produced; for it is well known that the mere contact of the rod with the surface of the body is not sufficient. M. Thilorier says that there are three principal points of the body from which the magnetic fluid escapes, viz., the hands, the epigastrium, and the forehead! In a state of repose or passiveness of the intellect and will, as for example during sleep, the effluvium, and consequently the magnetization, are not however

entirely null. In the hands, the currents of the fluid are parallel to the direction of the fingers, and perpendicular to the palm; those of the epigastric and frontal regions are directed from below upwards, and from the feet to the head, in a curved line! The magnetic action is null, or nearly so, at the lower end of the spinal marrow, it increases in degree or intensity in proportion as we approach the neck! Currents emanate from every point of the cranial vault; but the most energetic of all is from the culminating point of the frontal bone! The energy of the currents depends on a variety of circumstances; it is more considerable about noon than at night, or in the morning; likewise more so in health than in sickness!

Med. Chir. Review, from L'Expèrience.

Sciatica.—Painful affections of this nerve, though classed under the same name, are very various.

Acute inflammation of the nerve is most frequently the effect of exposure to wet and cold, standing or sitting in water, on wet ground, in boats or coaches. The pain in the course of the nerve is very severe, aggravated by the slightest motion, and attended by high febrile symptoms. It requires strictly antiphlogistic treatment. Cupping along the course of the nerve, brisk purging with calomel, followed by salts and senna, each dose containing thirty drops of vin. colchici, or three to six grains of powdered colchicum, every five hours, until the febrile symptoms are diminished. Then ten to fifteen grains of Dover's powder will greatly relieve the pain; for the pain is seldom reduced in proportion to the reduction of the febrile symptoms, a point which should be remembered. At this stage two grains of calomel, from four to six of powdered colchicum, and five of Dover's powder, should be given every six hours, with some diuretic, and an extra dose of opium at night, if necessary; repeating the black draught every second morning. It is needless to add that the effect of the colchicum should be watched. Even after these means, the pain may be obstinate and severe, requiring blistering. It may be necessary to continue the calomel until the gums are sore, as it is important to prevent the disease from becoming chronic, which it is very prone to do.

This chronic inflammation of the nerve is obstinate, and sometimes followed by loss of power, wasting and shrinking of the limb. The pain does not wholly subside, but is aggravated in paroxysms, and particularly at night. In some cases

there is nocturnal fever. To distinguish this state from one of pure neuralgia, is often difficult. Nocturnal fever, and scanty high-colored urine with sediment, sometimes assists the diagnosis. If thé patient has this chronic form of the disease, when first seen, purgatives should be given, especially if his age is advanced,. Calomel and colocynth, followed by castor oil, sometimes bring away hardened fæces, and occasionally perseverance in the purgatives has relieved the disease, which seemed to depend on a loaded state of the bowels; but in general mercury will be necessary. The following formula Dr. Hunt, as he says in his late work, on Tic Douloureux, &c., employs:—R. Hydrargyri phosphatis, gr. j.; opii., gr. j.; antim. potassæ tart. gr. 1-6. Fiat pilula omni nocte sumenda.

If there is much nocturnal fever, in addition to this, moderate doses of nitrate of potash and colchicum should be given three times a day, with occasional aperients. If much exhaustion of strength and emaciation, the compound decoction of sarsaparilla with the liquid extract during the day, and the mercurial pill at night. Counter irritation is especially useful. Open blisters, the tartar-emetic plaster, or even a caustic issue behind the trochanter. Dr. Hunt alludes to the hydriodate of potash as producing a powerful effect in some cases, but he says he has not himself used it.

Sciatica, of which pain is the only symptom, returning in paroxysms like electric shocks, is occasionally met with, and should be treated like pure neuralgia, first by purgatives, and then by steel, quinine or arsenic with sedatives.

A case is given in which sciatica existed with piles and prolapsus ani, and the removal of the piles relieved the pain.

Persons subject to sciatica should wear flannel drawers next to the skin, and if they are very susceptible to weather, washed-leather drawers over the flannel, during the winter months. We have seen benefit in some cases of obstinate pain in the sciatic nerve from washed-leather drawers worn next to the skin.—*Brit. and For. Med. Rev.*

Deceptions in Medicine.—Courses of lectures are now being delivered in Paris on the following subjects;—one on phrenology; two on magnetism; one on homœopathy; one on uromancy, and to cap the climax, one on deceptions in medicine.

Journal des Connaiss. Med.

Hysterical Epilepsy.—A girl, aged sixteen years, had menstruated during the last year, once a fortnight, with leucorrhœa intervening. Three weeks before admission had a fit, apparently epileptic, preceded by sickness after eating. The fit was sudden, and she remained unconscious for more than an hour, in an out-house, and unseen; this was followed by headache and pains in her limbs. She had a second attack, both at the approach of the catamenia. On admission, the heart's action was very irritable, pulse 100. Thoracic and abdominal viscera sound. Sulphate of zinc was administered, at first in doses of two grains thrice a day, increased to eight grains ter die, without sickness or other inconvenience. She was soon discharged cured.—*Med. Chir. Review.*

Number of the Medical Profession in Great Britain.—From the answers and returns made pursuant to an act, entitled, "An act for taking an account of the population of Great Britain," just published, it appears that there are of

	Surgeons and Apothecaries.		Physicians.
	20 years of age and upwards.	Under 20 years of age.	Over 20 years of age.
Great Britain, ...	17,006	1,451	1,476
England, ...	14,102	1,320	1,063
Wales, ...	526	75	40
Scotland, ...	2,237	248	464
Isles in the British Seas.	141	8	19

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LOUISVILLE, DECEMBER 1, 1844.

TRAVELING LETTERS FROM THE SENIOR EDITOR.

NO. IX.

GALENA, Ill., Oct. 7th, 1844.

To my Colleagues:

GENTLEMEN:—Having in a journey of nearly 200 miles traversed the territory of Wisconsin, and reached the emporium of the 'Mineral Region,' I sit down to give you some account of it.

In passing up the Illinois river, I indicated to you the northern limit on that stream, of the great coal basin of the states of Indiana, Missouri, and Illinois, about the latitude of 41° 30′. Beyond that parallel there appears a lime stone, emerging from beneath the coal field, which in its mineralogical and fossiliferous characters, seems to be nearly identical with that which crops out to the south-east above and below Louisville. It is in this rock that the lead ore is found; but all parts of it around the coal basin are not metalliferous. Indeed, the extensive out-cropping from the middle

part of the valley of Rock River, round through Illinois, Indiana, Ohio, and Kentucky, down to the mouth of the Wabash, seems to be destitute of metals; while that from the river last mentioned, round through southern Illinois, eastern Missouri, south-eastern Iowa, south-western Wisconsin, and north-western Illinois, affords lead and some other metals. But all parts of this semi-circular belt are not equally prolific. The lead mines back of Shawnoetown, southern Illinois, are not worked; in Missouri the most productive are in the rear of St. Genevieve, south-west of St. Louis, where iron is still more abundant than lead; in Iowa the most valuable are in the neighborhood of Dubuque, not far below Prairie du Chien; in Illinois, Jo. Daviess, the north-west county, and in Wisconsin, Grant and Iowa, with a portion of Dane, are those in which the greatest quantity of that metal has been found. It is the region then, composed of adjoining and continuous portions of Illinois, Wisconsin, and Iowa, in which I am, and of which I propose to speak, under the popular title of the

'*Mineral Region.*'

This tract, on the east side of the Mississippi larger than that on west, and the only part which I have visited, is drained by streams which flow into the Wisconsin on the north, and into the tributaries of the Platte and Fever river, which run to the south-west, and discharge their waters into the Mississippi. Its general level above Lake Michigan cannot be much less than 500 feet, or about 1,100 feet above the level of the sea. Its surface is undulating, and in some portions rather hilly. Scattered over it, are a number of insulated conoidal hills, known under the names of the Blue, Platte, and Sissinawa Mounds, one of which was ascertained by Professor Locke to rise 1748 feet above the level of the Ocean. These mounds would seem to indicate the ancient level of this region; and offer a satisfactory explanation of the absence of erratic blocks, bowlders and gravel on this surface, while they exist in countless numbers, east of this tract to the sources of the Allegheny river; and also to the south, on the lower levels of Rock and Illinois river. When these rocky fragments were rolled, or, imbedded in ice, were floated down from the north, the Mineral region was too elevated to receive them. This region abounds in copious perennial springs, and is everywhere covered with a fertile soil, thus presenting the unusual

association of a productive agricultural surface with rich metalliferous rocks below. These rocks, like those of Kentucky, abound in rents, chasms, and caves, though of the last none of much extent have yet been discovered. It is in these interstices, that the ores are deposited. The search after them is commenced by digging perpendicularly from the surface; and the counties of Iowa and Grant in Wisconsin, and of Jo. Daviess in Illinois, present an incredible number of these perforations, a very large majority of which have been failures; and while they show that the search after ore, very often ends in disappointment, they are to a certain extent a nuisance, for cattle frequently fall into them and perish. The grass of the prairies and open woodlands, has grown over the banks of earth thrown out from many of these abandoned excavations, so that even men are liable to walk into the older ones. When the miner strikes upon a vein of ore, or, in his techincal language, a 'lead,' he makes new excavations at short distances, in the course of the fissure, for his convenience in raising the ore. These fissures are generally perpendicular, but sometimes the crevices will take a horizontal direction, and the ore is then said to be in beds. The vein is sometimes full, and the ore adherent to the rocks, or even blended with them; and may vary in thickness from a mere plate or film to a foot or more; but many crevices are partly filled with sand or loam, containing abundance of oxide of iron, in the midst of which are detached fragments and blocks of ore. In some of the larger chasms or small caves, masses of ore so large as to require blasting with gun powder, have been discovered. I need scarcely tell you that the metal of which I speak is LEAD, as this region is known abroad by that metal chiefly. It is galena or the sulphuret only, that is smelted. Much of this is quite amorphous, but cubes of various sizes, solitary or so aggregated, that but a part of the sides and angles of each can be seen, are common. Octahedrons are also met with. On the whole, however, in searching for specimens for the Cabinet of the Institute, I found them less numerous than I had expected. Rhomboidal calcareous spar, sulphate of barytes, and fluate of lime, are not wanting, but much less common than in the mines of St. Genevieve and Shawnoetown. Carbonate of lead is occasionally met with, but has not yet been smelted.

As you would expect, sulphuret of zinc, or blende, is found in connexion with the lead ore, but as yet has been thrown aside. Pre-

paration is making, however, for the reduction of this ore, and the manufacture of zinc; which will undoubtedly be useful in a national point of view, but whether profitable to those who may undertake it, remains to be seen.

Copper ore has likewise been discovered. It is in nearly the same localities with the lead, and found in similar crevices. Two furnaces have been erected for smelting it, one of which near Mineral Point, Iowa county, I visited and obtained specimens for our Cabinet.

Iron ore is common in this region, but does not, as far as I have heard, occur in large quantities and has not yet been worked.

Lastly, Bismuth has been discovered and other metals will no doubt be brought to light.

Not going largely into the natural history of these ores, I shall go still less into their metallurgy. The smelting of the lead ore, is abundantly simple. The miner sells it to the smelter, who washes it in running water, and then crushes it between cast iron rollers, when it is thrown into a cast iron furnace, and by means of a fire of wood and charcoal, urged on by a bellows worked by water-power, the volatile ingredients of the ore are driven off, the earthy concrete into slag, and the melted lead flows out to be cast into 'pigs.' The slag contains a portion of lead, and is smelted over. No flux, or only a little lime is used. The chimnies of the furnaces become lined with a whitish crust, which is composed, it may be presumed, of carbonate of lead, with a mixture perhaps of arsenic.

The copper ore after ablution is broken by hand with a hammer, and subjected to the heat of a bellows furnace, with fluxes. The crude metal flows into a basin-shaped cavity in the hearth, and is taken out in cakes which are fragments of solid spheres. It requires to be refined before before being used by the artist.

The lead ores no doubt contain silver, but the proportion, I believe, has not been thought sufficient to warrant its extraction.

The mines of this region were at first worked by American backwoodsmen, who understood how to kill deer or plant corn, much better than to mine. At present, almost all the operatives are from Cornwall, England, and thorougly acquainted with their business. They have successfully re-opened many veins which had been abandoned, profitably smelted banks of slag which had been neglected,

and so improved the construction of the furnaces, as to carry off the fumes which formerly enveloped the smelters. Their small one story cottages, many of which have their roofs covered with sods, which still continue to send up grass and flowers, are scattered over the prairies, and look not unlike the cabins of the Shawanoes, in the Indian Territory. It is not known, what number of persons inhabit these humble tenements, but the amount of population must be considerable; as Mr. Melvill, the Government Agent, informs me, that 40,000,000 pounds of lead were manufactured in this region last year, which is nearly one-half of the produce of all the mines of Great Britain. A small part of the mineral lands have been sold by the Government to individuals, the rest are let on leases, or worked by squatters. The Government claims six per cent. of all the lead manufactured, except by those who hold their lands in fee simple, but the amount collected is scarcely sufficient, I believe, to pay the salary of the Agent; who informed me that of the 12 or 1400 lessees, between 2 or 300 only, paid the Government any thing; and they returned any quantity they chose, as the annual amount of their raising. Within the mineral region no land can be purchased but on the oath of the applicant that he has examined it, and does not know that there is ore beneath. This temptation to perjury is irresistable, and no government should continue it. An individual is sometimes led blind-folded over a tract, on which others acting in collusion, had discovered ore; he then applies at the land office, and swearing that he had been over the tract and *saw* no 'mineral,' becomes its nominal owner for the benefit of the company! Again, freeholders within the district, may sell the ore of lessees or squatters, as obtained from their own lands. I concur with every individual with whom I have coversed, in the opinion, that the Government should abandon the present policy, and sell the 'mineral' lands to the highest bidder, making five dollars an acre the *minimum* price. It has not, and never will derive a revenue from them, while it retains the fee simple. They are becoming exhausted, at least in their superficial veins, by lessees and intruders who pay nothing, and after a time they will sell for even less, than lands of the same fertility, which never had any metalic treasures.

I am surprised to find, that in the office of the Government Agent, there is no collection of specimens—no geological sec.

tions—no descriptions;—but am happy to make known, to such of our readers as may visit Galena with a mineralogical taste, that they may find a 'curiosity shop,' by calling on a Justice of the Peace!—John G. Potts, Esq., formerly of Philadelphia, where, as an amusement, he acquired the rudiments of mineralogy, has made an extensive collection of the ores and fossils of this region, and very obligeingly exhibits them to all travelers who call upon him. It was in his cabinet, scientifically arranged and labelled, that I saw the only specimens of sulphate of barytes, fluate of lime, carbonate of lead, and bismuth, which I have met with in this quarter. He has likewise all the varieties of iron, zinc, and copper ores found hereabouts.

Among his fossils, which are substantially the same with those of the limestone formations of eastern Indiana, Ohio, and Kentucky, I saw the cast of a univalve shell in sulphuret of lead. But the most unexpected exhibition, was that of the head of the thigh bone with its socket, of the Mastodon, taken from a small cavern with nodules of lead ore, more than forty feet beneath the surface. In reaching it, the miners had to blast some of the superincumbent rocks. The animal had no doubt fallen into this chasm through an opening since filled up. Mr. Potts will be happy to exchange the minerals and fossils of this region for those of other places, but having sent off three boxes, without receiving anything in return, has very reasonably determined, hereafter to exact payment in advance. With this advertisement, I shall close my notice of the mines, lest you should suppose that I fancy myself a *naturalist*: and to attone to our readers, for so much of what they may regard —and justly too—as extra professional, I will give them a paragraph on the diseases of those who work in lead.

Most of the miners are addicted to Saturday afternoon and Sunday drinking, but the extent to which they carry it, is much less than formerly. Their diet is simple, consisting chiefly of bread and meat, though they might have milk, and potatoes or other vegetables in abundance; but throughout the mining district agriculture is sadly neglected. Those engaged in drawing up the ore, and in washing it, are much exposed to the weather, but they who excavate the mines, work both in summer and winter, in a temperature of about 50°, with a humid atmosphere. I had expected to find them peculiarly subjected to rheumatism, but while some of the medical gen-

1 No6

tlemen of the district thought them so, others thought not. They are not, I believe, more subject to pulmonary affections than the other inhabitants of this region. The handling of the ore does not seem to be the source of any malady. But the *smelters* are more or less affected with *colic*. Several years ago that disease was more prevalent than at present. The furnaces then, as I have already stated, were of such a rude construction, that the smoke and vapors were not adequately carried off, and their inhalation by the operatives produced many cases of colic, some of which proved fatal. The improved construction of the furnaces of the present day, has greatly abated the frequency of that affection. The operatives, moreover, practise greater ablution than formerly and many of them rinse their mouths before eating, by which the surfaces of the body have the deposits of lead carried off. As a preventative, oils and fat meats are said by the medical gentlemen here, not to be without efficacy. The 'hand' who can eat the greatest quantity of fat meat, is said to be most exempt. Some of the proprietors furnish olive oil, of which a tablespoonful is taken every morning; others substitute castor oil, believing that all the benefit is derived from an aperient effect. As the symptoms and treatment of the colic, here, are the same as elsewhere, I need not narrate them, but may mention that Dr. Crawford subjected the alvine excretions of one patient to the action of heat, and that they afforded globules of lead. Dr. Newhall informs me, that he has observed insanity to be more frequent in Galena and its neighborhood, than he has ever known it elsewhere. He can recollect six cases within the last year, which is certainly a very great number for the amount of population.—This frequency, if its reality be admitted, is not to be ascribed to lead, but to the excitement connected with the search after its ores: which is, indeed, very great, and extends to a large proportion of the people. Now and then, a vein is hit upon, which proves almost a little fortune; but hundreds of abortive examinations bring depressing, and sometimes ruinous disappointment. The mines are of great value to the people of the United States, but as a source of revenue to the Government we have already seen they are worthless; and the aggregate property of all who have engaged in working them, is, I have no doubt, less than it would have been, if they had expended the same labor and capital in cultivating the fertile soil which overspreads the veins of metal.

Fever River, October 8, 1844.

I beg of you not to be alarmed by the date of this continuation, for protentous as it seems, the people on its banks are as free from fever as their neighbors. Fever River originates in Wisconsin, and passing its southern boundary, enters the Mississippi 10 or 12 miles below Galena. It is navigable up to that town, whenever the Missouri is navigable, but no further on account of rapids. Its alluvions are narrow, and the lime stone hills which rise on each side, are abrupt and rugged. Between and upon these hills, is the flourishing town of Galena, whose name indicates its character, much more correctly, than the character of the river is expressed, by its singular appellation. As a medical traveler, I feel that I have a prescriptive right to investigate the origin of this title, certainly the least enviable, ever borne by a rocky, little river, whose limpid waters are the tribute of a thousand perenial springs. But to leave the florid for the etymological, I proceed to say, that the oldest authority to which I have access, (*Chandler*, 1829,) informs us, that the *Sacs and Foxes* gave to this stream the epithet *Macawbie*, which in their language signifies small-pox, or a fever with blisters; and that the name under consideration, is but an imperfect translation from their vocabulary. He proposes to adhere to the untranslated word, but as the world delights to perpetuate a bad name, his advice has not been followed. This etymology, however, is denied by *Peck*, 1834, who on the authority of another tradition, derives the name from M. Le Fevre, a French trader, who resided near its mouth. Finally, another tradition still, forms it out of *feve*, (bean river,) perhaps, from the excellent flavor of the beans, which some industrious squaw may have cultivated on its banks. Contenting myself with having embodied these data, I shall not presume to decide a question of so much delicacy, but submit it to the professional etymologist, with the concluding remark, that *Lapham*, 1844, concurs with *Peck*, and that all the assigned derivations, very justly exclude the idea, which the present appellation suggests to the mind.

I am now embarked for home, and the deep autumnal dies of the hills, in which this quiet little water is embosomed, remind me, that to be at my post in the Institute, in due time, I must reserve for a future visit, the young towns which adorn the banks of the Mississippi between this and St. Louis.

Your very ob't. serv't.

D.

1 No6

TRAVELING LETTERS FROM THE SENIOR EDITOR.

NO. X.

UPPER MISSISSIPPI, October 11, 1844.

To my Colleagues:

GENTLEMEN:—It is now the third day since I began to descend this noble river, of which I must give you a passing notice. I have the distinction of being its last voyager, up to this time, as Father Marquette 170 years ago was its first—Indians excepted. With all my predilections for our cherished Ohio, I am bound to admit, that the Upper Mississippi is more beautiful. Its banks, and bottoms, and hills, present greater variety in form and elevation; and the alternation of prairie and woodland affords a more agreeable diversity. The stream itself is not very serpentine, and although now greatly reduced in depth, it fills its bed, and few rocks or sand-bars are to be seen. The number of snags and sawyers is still fewer than in the Ohio, for its banks have less density of forest, and its sands are not deep enough to catch and fix the floating trees. In all these respects, it is incomparably superior to the Missouri. Its depth and current appear to be tolerably uniform, except at the two rapids, where the former is shoal and the latter swift, for several miles. More than either the Missouri or Ohio, the Mississippi has a disposition to divide into channels and form islands, four of which currents may sometimes be seen at one place, and one or more islands or islets are always in view. They are not mere unstable beds of sand, like those of the Missouri, but permanent, and decked out with shrubs and trees to the waters edge; nor are they defaced by the great deposits of drift wood, which, disfigure the islands below the mouth of the Missouri, and cause an unusual growth up stream, while the lower ends are washed away by the current. It is indeed to its 'thousand isles' fringed with willow, that this part of the great river owes one of its pleasantest charms. In color, the Missouri, Upper Mississippi, and Ohio, has each its peculiarity. The first, even when low, displays a yellowish sand—turbidness, which it imparts to the waters of both the others, after its union with them; so that the main trunk below the latitude of 39° is never transparent. The Upper Mississippi, free from transported materials, presents

a dark or brownish tint, which is perceptible, when dipped up, but does not destroy its clearness. Two years ago, I saw this die, still deeper, in some of the streams of Michigan and northern Ohio; where it was ascribed to the tanno-gallate of iron, formed in the swamps from which they were said to originate. The pellucid waters of the Ohio, when low, have a dull green or yellow tinge, quite distinguishable from that of the Mississippi, before its defilement by the muddy Missouri. By the way, it is to this polluting power of that river, that it owes one of its claims to be regarded as the greater of the two, while another rests upon its driftwood. The matters which it brings down, do, indeed, give to the united river, the same character with the Missouri above, but these imperfections are from establishing its pre-eminence over the pure and magnificent stream, which it deforms. But not to make myself too violent a partisan in this *bellum fluvium*, I will only add, that waterfowl, because they can see to fish in it, are much more numerous along the Mississippi than the Missouri; and that the cotton-tree, on the contrary, is more abundant, attains to greater elevation, and extends to a higher altitude, on the latter than the former.

The Upper Mississippi participated but sparingly in the great flood of the past summer. When crossing Black river in Wisconsin, the largest tributary below the river of that name, I found that it had not been swollen to any extraordinary height. The streams below its mouth might have been, but are of much less magnitude than those which contribute to the Missouri, in corresponding latitudes. On the whole then, we may conclude, that the unprecedented rains of April, May, and June, did not extend further north than the latitude of 42° 30′ or 42°. Had they fallen in equal proportion to the sources of the Mississippi and Missouri, and on the Ohio, the inundation would have been still more overwhelming.

St. Louis, Oct. 12, 1844.

To pass from geography to pharmacy, I must tell you something about the manufacture of Castor Oil in this city and some of the neighboring parts of Illinois. It seems to have been commenced by Mr. Adams, of Edwardsville, (*Peck's* Gazetteer,) about 20 years ago. The produce of the first year was 500 gallons, which he was then enabled to sell at two dollars a gallon. In 1831, he made 10,000 gallons, which he sold at 75 cents. From a gentleman of

this city, who owns a steam oil press, I have some additional statistics of this important manufacture.

According to his statement, the quantity now manufactured in Illinois and Missouri, is above 100,000 gallons a year; which is the produce of from 8 to 10,000 acres of land. The crop varies from 10 to 15 bushels an acre, each bushel yielding about 2 gallons of oil. Its price ranges from 75 cents to $1 a gallon. In these latitudes the crop is somewhat uncertain, being liable to injury from long-continued droughts and early frosts. Indiana, Virginia, and New Jersey furnish, together, from 25 to 30,000 gallons a year: Tennessee as much, perhaps, as she consumes. The castor oil bean flourishes well in Mexico and the West Indies; but the importation of oil is greatly diminished from what it once was; at the same time the price is much reduced, and the quality greatly improved.

Ohio River, October 16, 1844.

This day will finish my *rambles* of nearly seven months, in which, by land and water, I have traveled about 6,200 miles; and still left large portions of this boundless and beloved West of ours unvisited. I am now on my 29th steamboat, not one of which has been overtaken by any casuality. Indeed, I have come to believe it is safer, in this country, to travel by water than land. All the stage coaches and diligences of Europe and the United States could not, in the same time, transport the number of persons conveyed from place to place, by the boats on the Lakes, the Gulf, and the Mississippi with its tributaries, and still, how few accidents, necessarily involving the lives of passengers, do we hear of! But I have also traveled in skiffs, on rail roads, in stages, buggies, common wagons, on horse back, mule back, and on foot; by night and by day, without arms, and without having suffered a single aggression, robbery, or theft; which certainly speaks well of the state of society, though, it must be confessed, that our country is not without ruffians and robbers, to the production of which our steamboats undoubtedly contribute their full share, by the drinking, gambling and licentious conversation of too many of their passengers. Still, these sources of corruption to clerks, mates, pilots, engineers, cabin boys, and young passengers, are gradually drying up. Table drinking is almost at end, and those who go to bars, are fewer and shyer

than in days of yore. And here I cannot help asking, why the General Government, which professes to legislate in various ways, for the safety of passengers, and requires every boat to be registered and licensed, does not prohibit the sale of intoxicating drinks on the whole, and forbid their use to those who manage them, except while in port? Such a prohibition, rigidly carried out, would soon throw the control of them into the hands of men who practise total abstinence; and contribute at least as much to their safety, as the thousands which are expended on the removal of snags and sawyers. That our members of Congress do not move in this matter, seems strange, indeed, and should, perhaps, be ascribed to their desire not to be without an occasional 'cock-tail,' when on their way to Washington, after the immense amount of drinking which their getting into office has required. If intoxicating drinks were banished from our boats, those who manage and those who travel on them, might resort to what is far better for health, both of mind and body,—an occasional cup of strong, hot coffee with a cracker, which could be sold at the *Cafe* of the boat, for half the price of the glass of poison, and still afford a good profit to the proprietors.

In conclusion I must say, that from all the facts I have been able to collect, steamboat traveling is healthful, especially in reference to autumnal fever. Our boats' crews probably average 30 persons each, and in general they are more exempt from intermittent and remittent fevers, than the people who reside on the banks of the rivers which they navigate. The same appeared to me to be the case on the Ohio and Erie canal, when I traveled upon it in 1842.

I shall now, gentlemen, bring this gossipping correspondence to a close. If I have figured rather conspicuously in it myself, you must recollect the traveler's license; if I have crowded out your own valuable lucubrations, they will only flow on our readers more copiously in future, and be even all the purer, from having had time to deposit all extraneous mixtures; as the dammed-up stream throws down its sediment, and then flows on in a deep transparent current when the obstacle is removed; finally, if those for whom we write, are rejoiced, that No. X. is the last, so am I, and this common sympathy, will I hope, make us part as friends.

Your very obedient servant,

D.

MEDICAL CLASSES.

We have received information from several of the medical schools in the United States, and it appears that the number of students in attendance at most of them is greater than usual. The classes at the three Philadelphia schools are represented as being more numerous than they were last winter, and, altogether, it is said, there are about a thousand medical students in that city. We learn, indirectly, that the schools in the city of New York are doing well. The school at Cincinnati, we are informed, has a larger class than its last, if not the largest that it has ever attracted. Nothing has reached us, in an authentic shape, from the schools of St. Louis, or that at New Orleans. Letters from Lexington mention a great falling off in the school at that place. The precise number of students does not seem to be known, but the impression in Lexington, a few days since, was that the class numbered less than 150. The Louisville Medical Institute has not only the largest class it has ever had, but the largest number of actual pupils that has at any time attended any medical school in the West. Y.

YELLOW FEVER IN WOODVILLE, MISSISSIPPI.

During the past autumn, the newspapers announced the occurrence of yellow fever, at Woodville, the seat of justice of Wilkinson county, Mississippi. Anxious to know the reality of this report, we, some time since, addressed a letter to several of its physicians, requesting accurate information; but as yet have received the reply of one only—Dr. C. H. Stone. From the detail of symptoms, in his communication, no reasonable doubt can be entertained that the late epidemic was, in fact, true yellow fever. Four physicians, who had seen veritable cases of that disease, pronounced the black vomit thrown up before death at Woodville, to have all the characteristics of the genuine; and, with one exception, all who had previously experienced that disease in New Orleans and the West Indies, now escaped it; finally, Dr. S., who has practised medicine 13 years in Wilkinson county, never before saw a fever of the same type.

If we admit, as it seems we must, that this was a real invasion of yellow fever, it presents a matter of intense interest, to all who are engaged in the investigation of the cause of that disease. Woodville is situated 12 or 15 miles from the Mississippi river, 'on a ridge, with a dry surface of sand and clay; not filthy, or, at least, not more so than in common years, and 10 or 12 miles from any swamp.' How then can the fever be referred to any of the commonly assigned local causes? On the other hand, the disease was only—scarcely—sporadic in New Orleans, and during the present year, entirely absent from all of the river towns above that city. If introduced at Woodville, whence did it come? For the present Dr. S. has declined giving us a statement of facts relative to its origin, but says, that when presented, they will carry 'conviction to the minds of all, not only that yellow fever had its origin in *Woodville*, but *elsewhere* in Wilkinson county.' Some facts will appear, also, he adds, 'to show that the *common* causes to which this disease is attributed, have no part in its organization, or that it may occur without them.' We shall await his development with impatience. D.

DR. DRAKE'S INTRODUCTORY LECTURE.

Our Senior must pardon us for saying here a word about his Introductory Lecture. We did not have the pleasure of hearing it delivered, but we have derived great pleasure from its perusal. We are glad the class insisted on its publication—it is as creditable to them, as it is honorable to the professor. The subject of the lecture is, *The Means of Promoting the Intellectual Improvement of the Students and Physicians of the Valley of the Mississippi.*— It abounds in just views, expressed with the force and earnestness characteristic of the author, and ought to be read by every member of the profession in the South and West. We must quote the following passage, not as a specimen of the lecture, but for the sake of its *graphic truth*. The author is speaking of the principles which should guide the young student after having attained the doctorate:

"My firm opinion is, that one of the causes which retard us, in raising our profession in the West and South, to an excellence which at present seems almost hopeless, is the style in which our offices are fitted up and kept. Who can read and think, with method or

sound logic, while everything around him is dirty and disordered! His little stock of furniture displaced, as if a riot had just passed away; his books scattered on chairs, tables, and the greasy medicine shelves; in his book-cases, volumes of different sets mixed together, some lying flat, and some, like the ideas of their reader, up side down; his skeleton exposed, and joint after joint torn off; his few injected preparations, unvarnished as my narrative, and worm-eaten as the books of an old doctor; his medicines unlabelled, and thrown into a chaos, as great as a treatise on the Materia Medica in the 14th century; bundles untied, and bottles left uncorked, or stopped with plugs of paper; dead flies in the ointment within his jars, while others are wading through that which has lain so long spread over his counter, that their feet are blistered by its rancidity; his spatulas foul and rusty; his scales tied with strings and balanced with pieces of paper; his mortar about as clean as the ancient Kentucky hommony block, which, in the same day, contained the food of the family, and of the family cow and horse, as it stood convenient to all the parties, on neutral ground, near the door of the cabin; his surgical instruments oxidated and rusting away, like his mind; his study table, covered with loose papers and medical journals (even the WESTERN) with their covers torn off; his walls overspread with a tapestry of cobwebs; his windows as opake from the dust as the painted glass of an ancient cathedral; his foul candlestick standing all day on his lexicon, and his floor spotted over with the blood of his surgical patients, and his own tobacco juice!

The human intellect cannot act when thus encompassed. Ideas will not arrange themselves; nor will their foul surfaces cohere. The scene re-acts upon his mind, and a chaos within rivals that without." *C.*

DEATH OF DR. SAMUEL FORRY.

Died—In New York, on Saturday, the 9th ult., in the 33d year of his age, Dr. SAMUEL FORRY, Editor of the New York Journal of Medicine.

We must mingle our regret and sorrow with those of Dr. Forry's immediate friends; his death is a loss to the whole profession. Although we never looked upon him, although we did not even know him, save as an author and an editor, still he seemed bound to us—we scarce know why—by more than ordinary ties. His unwearied industry, his earnest, truthful, and whole-hearted devotion to the cause of science, had won him a home in the affections of all his brethren. Young as he was, Dr. Forry had already attained to eminence. His work on the climate of the United States made his

name widely known both at home and abroad, and will long remain as a monument of his talents and industry. His career as editor, though short, was full of promise, and had he lived, his journal would have been among the first in the country. These, however, are but a small portion of his labors; his mind and pen were never idle; he was eager in the pursuit of facts, and his ready pen was constant in its work. Besides his labors in the more direct line of the profession, Dr. Forry was a welcome contributor to some of the leading American periodicals. The North American Review and the Democratic Review, are both indebted to him, if we mistake not, for some valuable papers. "But that noble tree will never more bear fruit or blossom!" C.

TO CORRESPONDENTS AND SUBSCRIBERS.

With the present number, another volume of the *Western Journal of Medicine and Surgery* is completed. In prospect of the coming year, we have no new promises to make, nor any fresh inducements to hold out to subscribers or correspondents; but we stand pledged to continue our exertions to render the Journal worthy of public patronage. The plan of the work will not be in any respect changed, but as we have the promise of contributions from more of the Professors in the Medical Institute, than have written for it during the past year, we hope to be able to give greater variety to its pages. A number of papers promised us by distant subscribers have not yet been received. We hope these promises will soon be redeemed. In behalf of the publishers, we bespeak from subscribers early remittances. Many of these are sadly in arrears. In no year, we believe, since the Journal commenced, have the receipts been so small. This is an evil which ought to be remedied at once.

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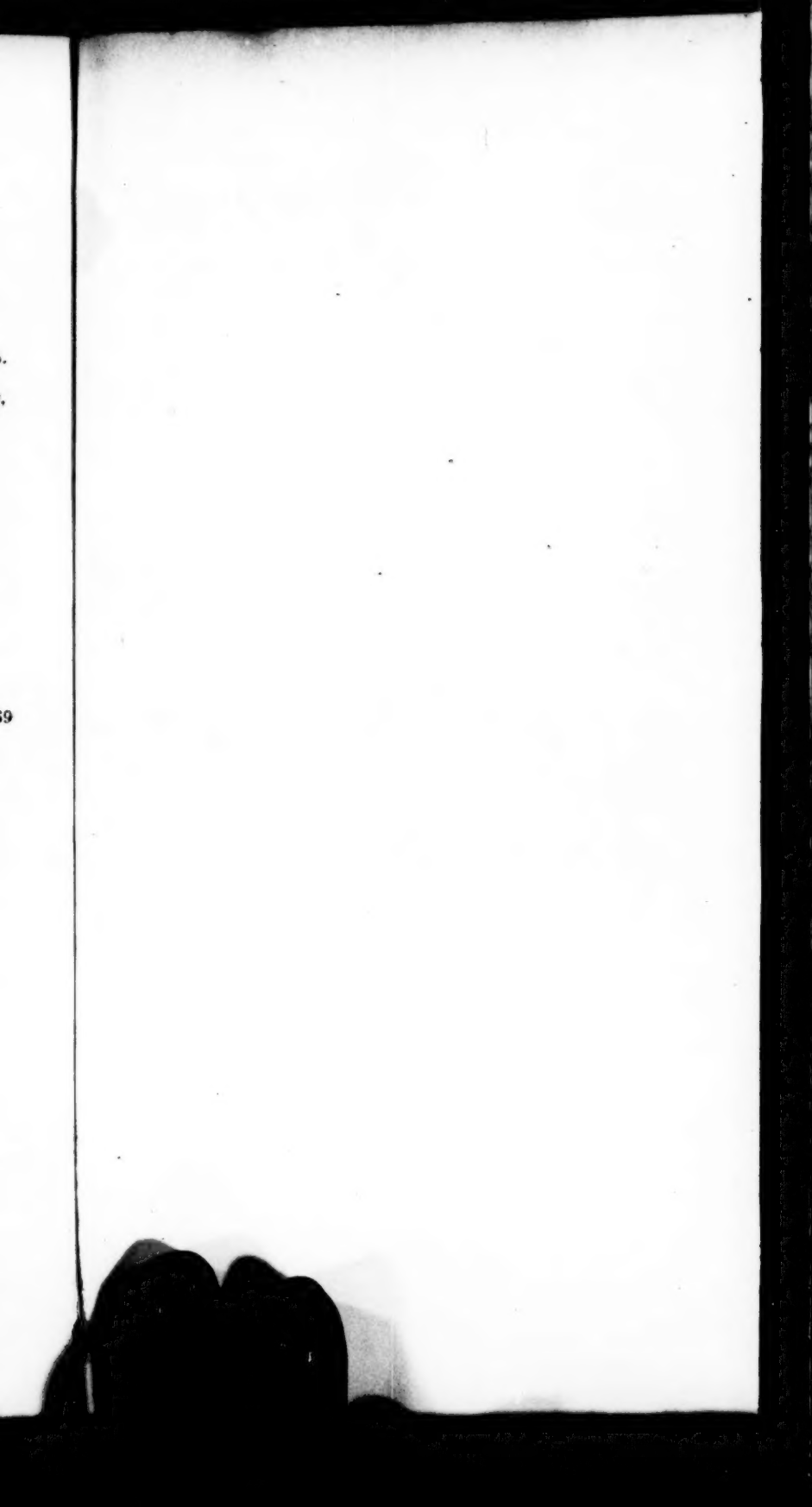
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